

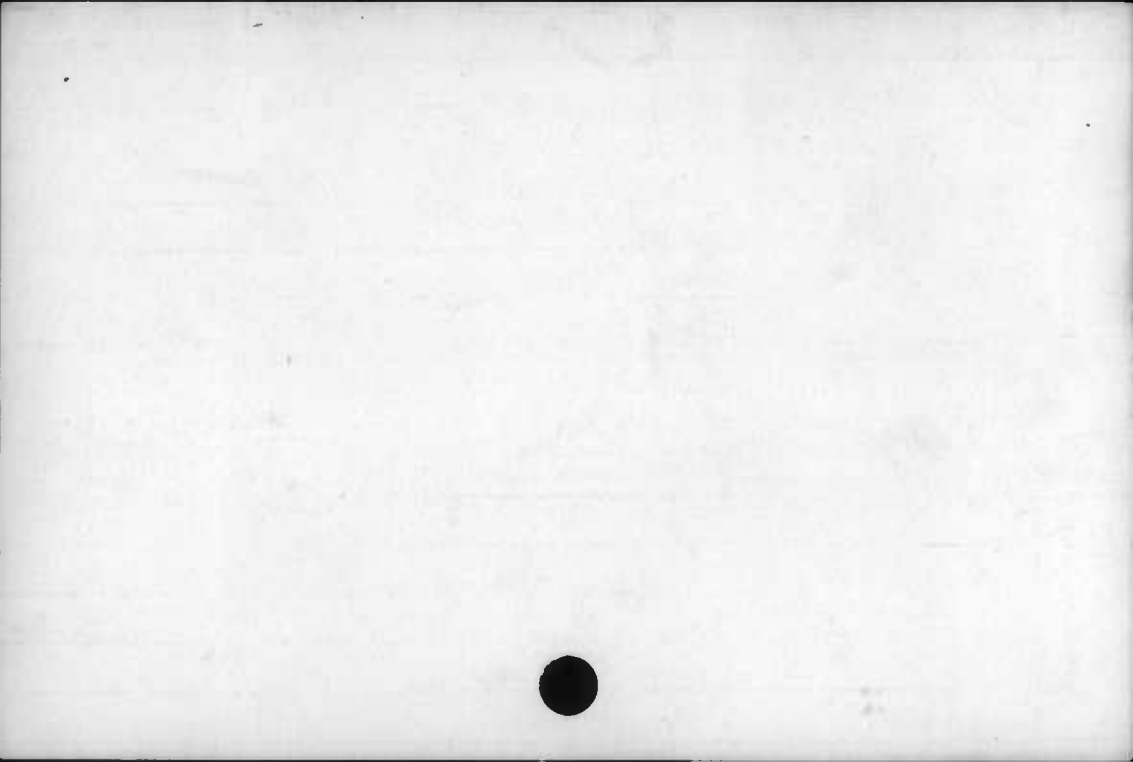
| Name in Full | | 431 CERTIFICATE OF DEATH | | | |
|--|--|---|--------|----------------------|------------------|
| William A. Allgire | | Town Reese | | County Carroll | |
| Died at | | MARYLAND | | | |
| Date of death 1909 | | Month Jan | Day 10 | Age 73 | Months — Days 11 |
| Sex Male | | Color or Race White | | Birth-place Maryland | |
| Occupation Farmer | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Emily L. Taylor | | | |
| Father's Name Anson. Allgire | | Father's Birthplace Maryland | | | |
| Mother's Maiden Name Aryann. Slater | | Mother's Birthplace Ohio | | | |
| Name of person giving information Emily L. Allgire | | How related to deceased Wife | | | |
| CAUSES OF DEATH | | | | | |
| Primary Nephritis + Suppression of urine | | How long Don't know | | | |
| Immediate Suppression of urine + Uremia | | How long 2 days | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician J. H. Woodward | | | |
| Accident or Suicide? No | | Address Westminster Md. | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bethel Camp Cornwall
Hampshire

| Name in Full | | CERTIFICATE OF DEATH | | | | |
|-------------------------------------|---|--|---|---|--------------------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Diad at <i>Mayberry</i> Town | | <i>Carroll</i> County | | MARYLAND | |
| | Date of death <i>1909</i> | Month <i>Jan</i> | Day <i>26</i> | Age <i>64</i> Years | Months <i>11</i> Days <i>2</i> | |
| | Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Carroll Co Md</i> | | |
| | Occupation <i>Housewife</i> | | Where Rasiding if not at place of death | | | |
| | Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>William H Babylon</i> | | | | |
| | Father's Name <i>Samuel Rhodes</i> | | | Father's Birthplace <i>Adams Co Pa</i> | | |
| | Mother's Maiden Name <i>Eliza Patterson</i> | | | Mothar's Birthplace <i>" " "</i> | | |
| | Name of person giving information <i>Mrs P. Hitterbrich</i> | | | How related to deceased <i>Sister</i> | | |
| CAUSES OF DEATH | | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Enterocolitis</i> | | | How long <i>3 weeks</i> | | |
| | Immediate <i>reflex Paralysis of Intestines</i> | | | How long <i>5 days</i> | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | | Signature of Physician <i>Letta Ginnie Mc</i> | | |
| | | | | Address <i>Lucy Town</i> | | |
| | Accident or Suicide? | | | <i>Yes</i> | | |



| | | | | | | | |
|---|---|-------------------------------------|--|--------------|------------------------------------|----------------------|------------------|
| Name in Full | | Rosana Bart. | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at ^{Town} <i>Sam's Creek</i> | | County <i>Carroll</i> | | MARYLAND | | |
| | Date of death <i>1909</i> | | Month <i>1</i> | Day <i>9</i> | Age <i>94</i> | Years <i>6</i> | Months <i>28</i> |
| | Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Canoll Co., Md.</i> | | |
| | Occupation <i>House wife</i> | | Where Residing if not at place of death <i>near Sam's Creek, Md.</i> | | | | |
| | Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>Henry Bart. (deceased)</i> | | | | |
| | Father's Name <i>John Greenwood (deceased)</i> | | Father's Birthplace <i>Unknown</i> | | | | |
| | Mother's Maiden Name <i>Barbara Schuy</i> | | Mother's Birthplace <i>Unknown</i> | | | | |
| Name of person giving information <i>C. R. Bart</i> | | How related to deceased <i>Son,</i> | | | | | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">10</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Senile Debility</i> | | How long <i>1 yr</i> | | | | |
| | Immediate <i>Grippe</i> | | How long <i>2 weeks</i> | | | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>E D Lomck</i> | | | | |
| | | | Address <i>Winfield Carroll co</i> | | | | |
| Accident or Suicide? | | | | | | | |

Greenwoods School-house

Name
in
Full

434
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|----------------|-----------------------|---|-------------------------|-------------|
| Died at <i>Westminster</i> Town | | <i>Carroll</i> County | | MARYLAND | |
| Date of death | 1907 | Month | Jan | Day | 21 |
| Age | — | | Years | Months | 9 |
| Sex | Female | | Color or Race | White | Birth-place |
| Occupation | None | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | |
| Father's Name | Arthur C. Bell | | | Father's Birthplace | Maryland |
| Mother's Maiden Name | Ada M. Myers | | | Mother's Birthplace | Do — |
| Name of person giving information | Arthur C. Bell | | | How related to deceased | Father |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------------|------------------------|----------------------|
| Primary | <i>Dentition</i> | How long | <i>4 Mos —</i> |
| Immediate | <i>Gastro enteritis. Exhaustion</i> | How long | <i>4 days. —</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Chas R. Foutz</i> |
| | | Address | <i>Westminster —</i> |
| Accident or Suicide? | <i>No —</i> | | <i>Md. —</i> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John W. Bayd

Town

County

Died at

Springfield Hospital

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

Jan

23

Age

57

Sex

Male

Color or
Race

White

Birth-
place

West Mass

Occupation

Painter

Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Mass.

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

Hospital records

How related
to deceased

CAUSES OF DEATH

36

Primary

Syphilitic Dementia

How long

about 2 yrs

Immediate

Cerebral embolus

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

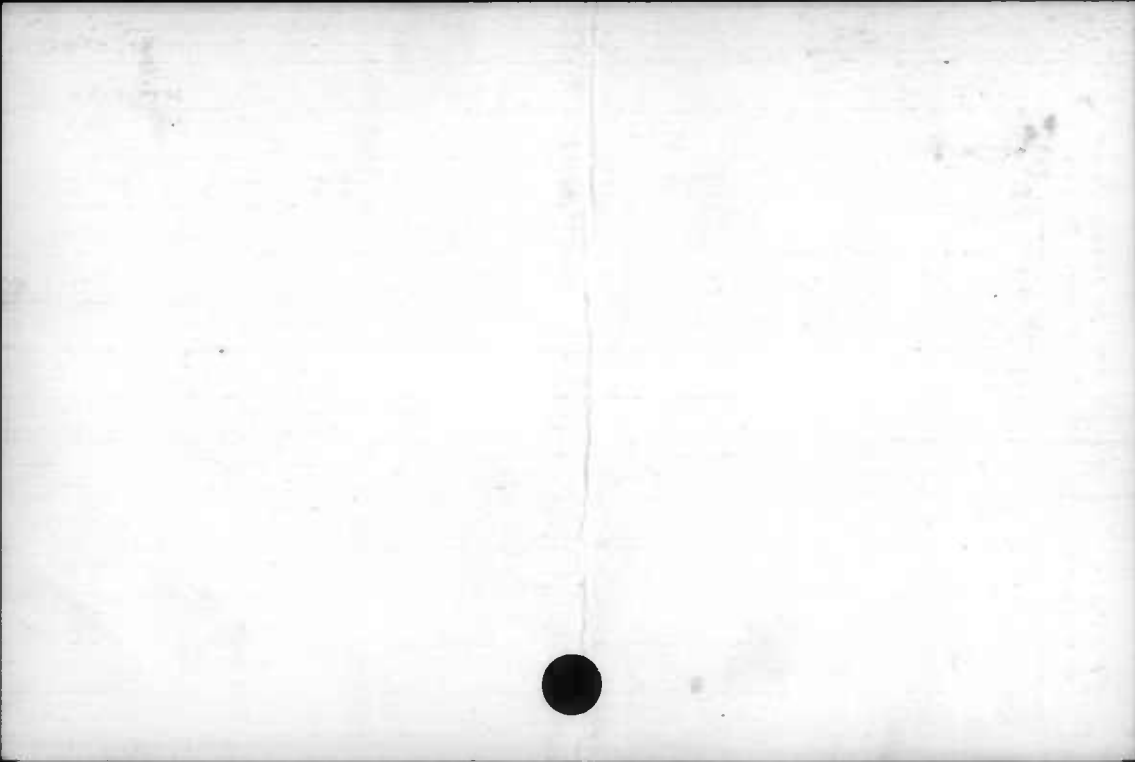
Signatures of
Physician

Address

Chas. J. Carey
Sykesville Md

Accident or Suicide

No



Name
in
Full

Arthur Mealey Brown

CERTIFICATE OF DEATH

Died at Gaithers ^{Town} Carroll ^{County} MARYLAND

Date of death 1909 Jan ^{Month} 2 ^{Day} Age — ^{Years} 1 ^{Months} 12 ^{Days}

Sex male Color or Race white Birth-place Gaithers

Occupation Iron child Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name David Bush Brown

Father's Birthplace Fredrick Co. Md

Mother's Maiden Name Mary P. Aldredge

Mother's Birthplace Fredrick Co. Md

Name of person giving Information D.B. Brown

How related to deceased Father

CAUSES OF DEATH

99 ✓

Primary Pneumonia How long 1 week

Immediate — Failure of Respiration

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Samuel B. Spracher

Address Sykesville Md

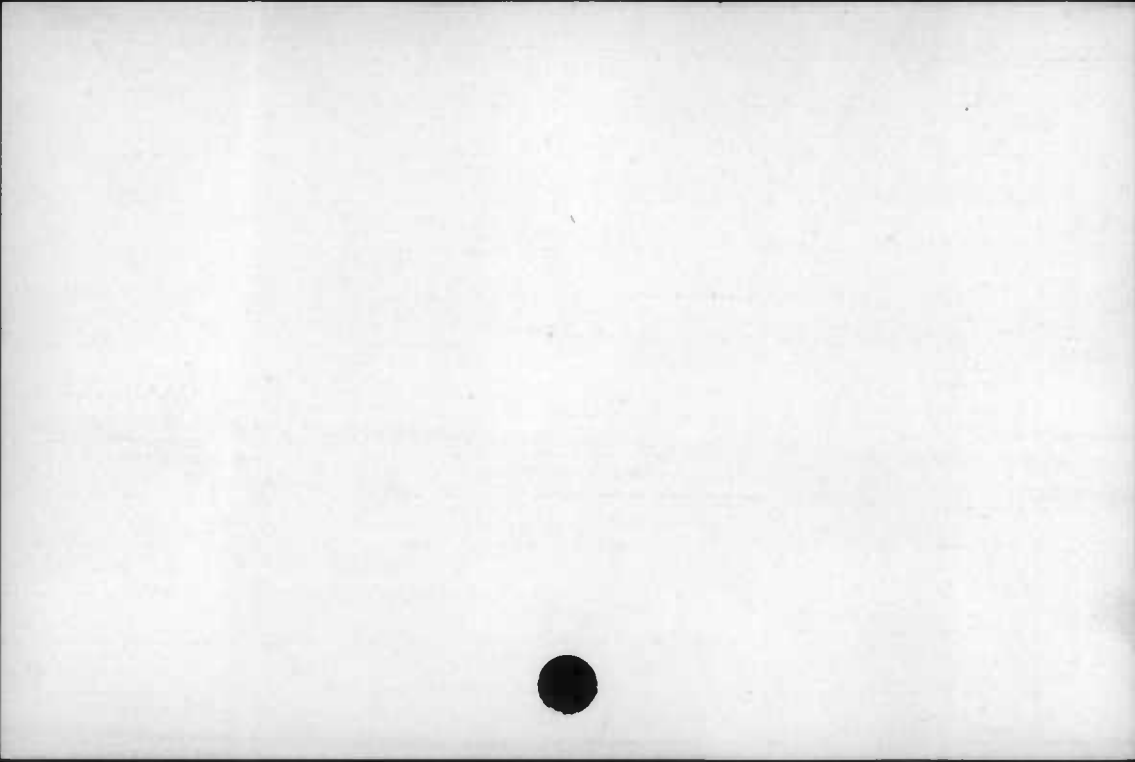
Accident or Suicide —

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



| | | | | | |
|--|--|--|--|--|--|
| Name in Full Caroline Brummel | | CERTIFICATE OF DEATH | | | |
| Died at Honksville ^{Town} | | Carroll ^{County} | | MARYLAND | |
| Date of death 1909 ^{Month} 1 ^{Day} 21 | | Age 85- ^{Years} | | 3 ^{Months} 29 ^{Days} | |
| Sex Female | | Color or Race White | | Birth-place Not Known | |
| Occupation Housewife | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed Widow | | Name of Wife or Husband Joseph Brummel | | | |
| Father's Name Samuel Taylor | | Father's Birthplace Unknown | | | |
| Mother's Maiden Name Elizabeth Leppa | | Mother's Birthplace Unknown | | | |
| Name of person giving information Jennie Brummel | | How related to deceased Daughter | | | |
| CAUSES OF DEATH | | | | | |
| Primary Lobar Pneumonia | | How long 12 days | | | |
| Immediate Heart Failure | | How long 18 hrs | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes. | | Signature of Physician Edgar M. Brink | | | |
| | | Address Hampstead, Md | | | |
| Accident or Suicide? X | | | | | |



Name
in
Full

Alice Elizabeth Clabaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Detour*County *Carroll*

MARYLAND

Date of death *1909 Jan*Day *28*Age *—* YearsMonth *4*Days *15*

Sex

Female

Color or Race

white

Birth-place

Detour Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Harry Quincy Clabaugh

Father's Birthplace

Emmitsburg Md.

Mother's Maiden Name

Ira Jew

Mother's Birthplace

Detour Md.

Name of person giving information

Edward Clabaugh

How related to deceased

Uncle

CAUSES OF DEATH

Primary

Pneumo-pneumonia

How long

4 days

Immediate

Meningitis

How long

2 "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

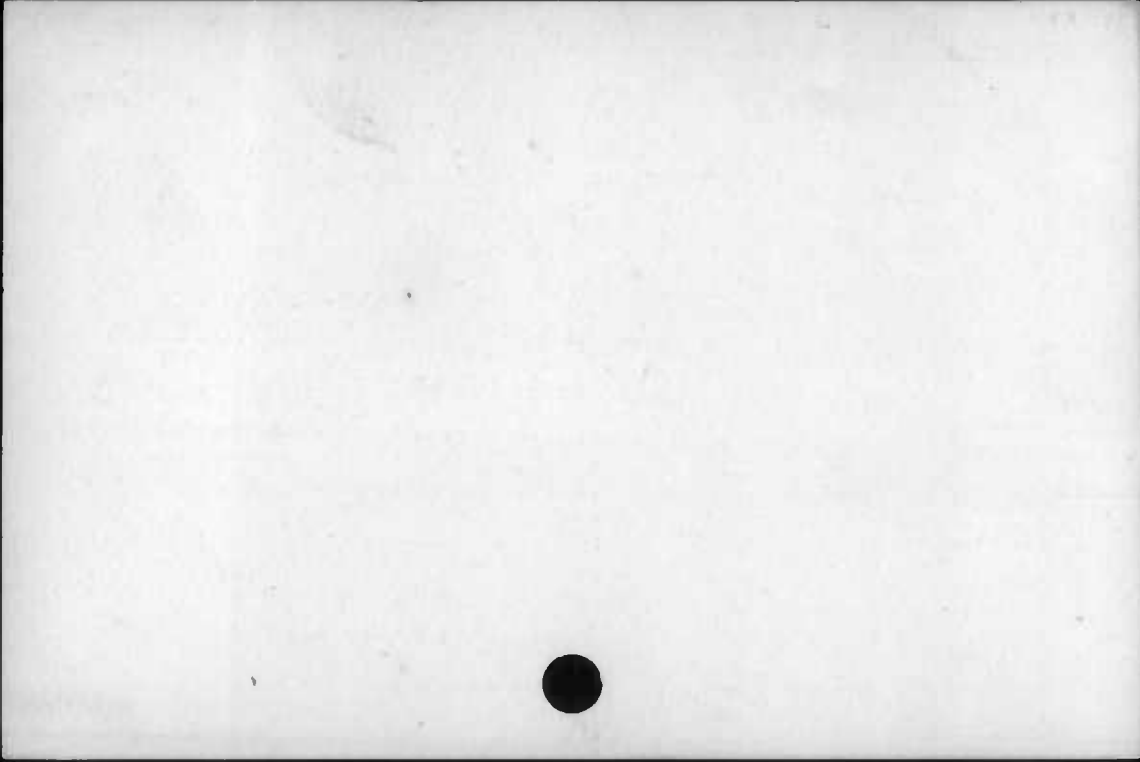
R. H. Miller

Address

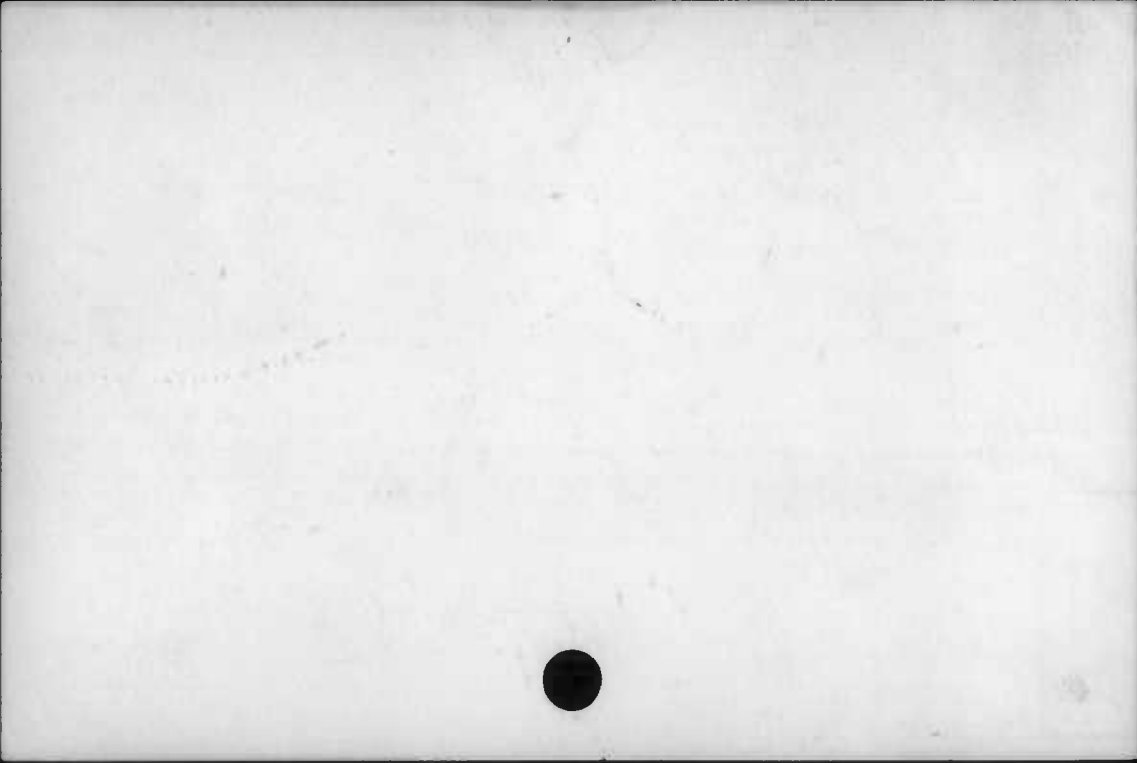
Detour Md.

Accident or Suicide?

*—*PHYSICIAN
OR CORONER



| Name in Full | | Maggie Ester Colton | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|--|--|---|--|----------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town | | County | |
| | | | | Woodbine | | Carroll | |
| | | Date of death | | Month | | Days | |
| | | 1909 | | Jan | | 16 | |
| | | Age | | Years | | Months | |
| | | 6 | | 1 | | 4 | |
| | | Sex | | Color or Race | | Birth-place | |
| | | Female | | white | | Woodbine Carroll Co. | |
| | | Occupation | | Where Residing if not at place of death | | | |
| | | Infant | | Woodbine | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband | | | |
| | | Infant | | | | | |
| | | Father's Name | | Father's Birthplace | | | |
| | | Charles O Colton | | Morgan Carroll | | | |
| | | Mother's Maiden Name | | Mother's Birthplace | | | |
| | | Mattie L Fisher | | Woodbine Carroll Co. | | | |
| | | Name of person giving information | | How related to deceased | | | |
| | | Mattie L Colton | | Mother | | | |
| | | CAUSES OF DEATH | | | | 28 | |
| PHYSICIAN OR CORONER | | Primary | | How long | | | |
| | | Infantile Indigestion | | Five months | | | |
| | | Immediate | | How long | | | |
| | | Typhoid fever | | Two months | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | |
| | | Yes | | E D Cronk | | | |
| | | Address | | | | | |
| | | Winfield | | | | | |
| | | Carroll Co. | | | | | |
| | | Accident or Suicide? | | | | | |
| | | | | | | | |



Name
in
Full

Ruth Cook

435
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|--------|-------------------------|--|
| Died at | | Town <i>Westminster</i> | | County <i>Carroll</i> | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1909 | | Jan | 24 | Age 2 | 6 | — | |
| Sex | | Female | | Color or Race | | colored | |
| Occupation | | none | | Birth-place | | Md. | |
| Married, Single or Widowed | | single | | Where Residing if not at place of death | | | |
| Father's Name | | Marshall Cook | | | | Father's Birthplace | |
| | | | | | | Md. | |
| Mother's Maiden Name | | Bertie Cross | | | | Mother's Birthplace | |
| | | | | | | Md. | |
| Name of person giving Information | | Bertie Cook | | | | How related to deceased | |
| | | | | | | Mother | |

CAUSES OF DEATH

92

| | | | | |
|--|--------------------------|------------|-----------------------------|----------------|
| Primary | <i>Broncho-Pneumonia</i> | | How long | <i>2 days</i> |
| Immediate | <i>Convulsions</i> | | How long | <i>6 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>yes</i> | Signature of Physician | |
| | | | <i>Chas. R. Foutz</i> | |
| | | | Address | |
| | | | <i>Local Health Officer</i> | |
| Accident or Suicide | | <i>no</i> | <i>Westminster Md.</i> | |

PHYSICIAN
OR CORONER

Martin Chapel
Dover

Name
in
Full

CERTIFICATE OF DEATH

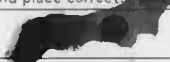
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|---|--|---|--|----------------------|--|
| Name <i>Rebecca A. Siehl</i> | | Town <i>near Hampstead</i> | | County <i>Barrel</i> | |
| Died <i>near Hampstead</i> | | Month <i>Jan</i> | | Day <i>26</i> | |
| Date of death <i>1909</i> | | Age <i>36</i> | | Months <i>4</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>—</i> | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>Near Hampstead</i> | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Edward Siehl</i> | | | |
| Father's Name <i>Samuel Naef</i> | | Father's Birthplace <i>—</i> | | | |
| Mother's Maiden Name <i>—</i> | | Mother's Birthplace <i>—</i> | | | |
| Name of person giving information <i>Edward Siehl</i> | | How related to deceased <i>Husband</i> | | | |

CAUSES OF DEATH

(36)PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Syphilis</i> | How long <i>2 years</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly filled in above? | Signature of Physician <i>J. H. Sherman M.D.</i> |
|  | Address <i>Manchester Ind.</i> |
| Accident or Suicide? | |

[Faint handwritten notes]

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Grossman

Town *Union Mills* County *Garrett* MARYLAND

Died at *Union Mills*

Date of death *1909 Jan 6* Age *38* Months *11* Days *19*

Sex *Male* Color or Race *White* Birthplace *Garrett Co.*

Occupation *Laborer* Where Residing if not at place of death *at home*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John Grossman* Father's Birthplace *Unknown*

Mother's Maiden Name *Susan Finkelman* Mother's Birthplace *Garrett Co.*

Name of person giving Information *Geo. Stonerfer* How related to deceased *Brother*

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary *Lobar Pneumonia* How long *5 days*

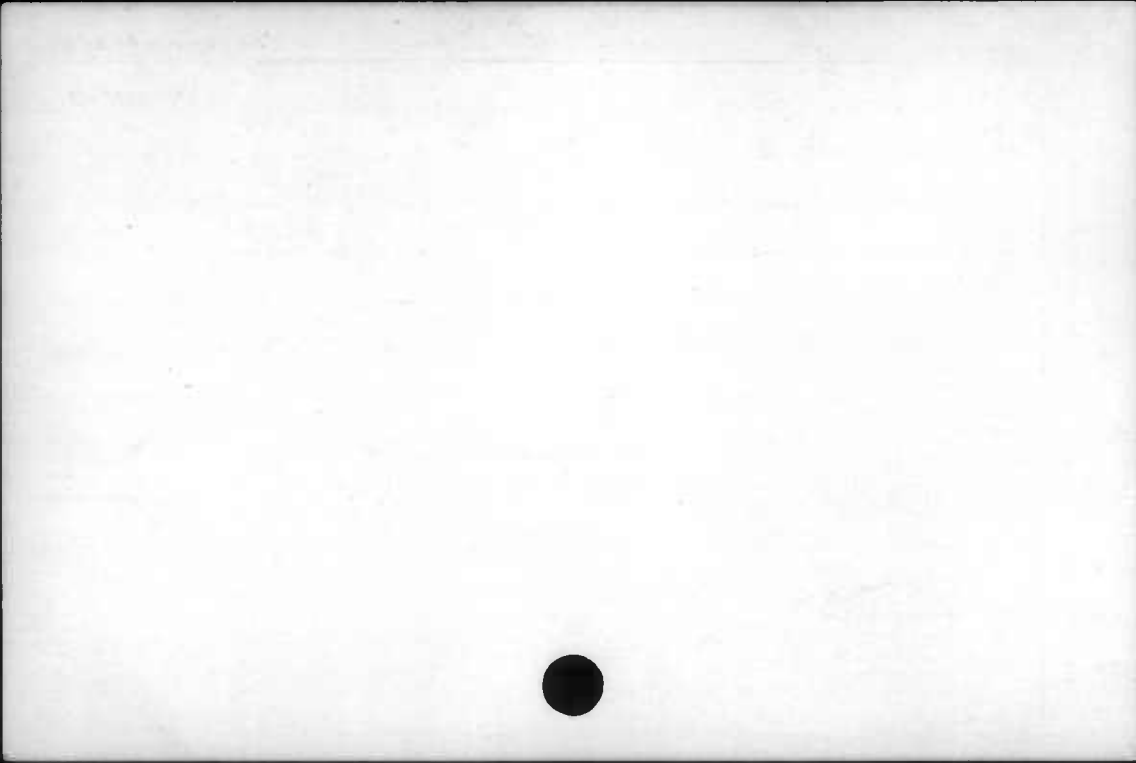
Immediate *Heart failure* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *G. Lewis Wetzel M.D.*

Address *Union Mills Maryland*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn David Feeser
Silver Run
County

MARYLAND

Died at
Date of death 1909 Jan 10 Age 41 Months 2 Days 12

Sex Male Color or Race White Birthplace Silver Run, Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Edna V. Feeser

Father's Name David H. Feeser Father's Birthplace Silver Run, Md.

Mother's Maiden Name Catharine Koontz Mother's Birthplace Silver Run, Md.

Name of person giving information Edna V. Feeser How related to deceased Wife

CAUSES OF DEATH

56

Primary Chronic Alcoholism How long 10 Yrs

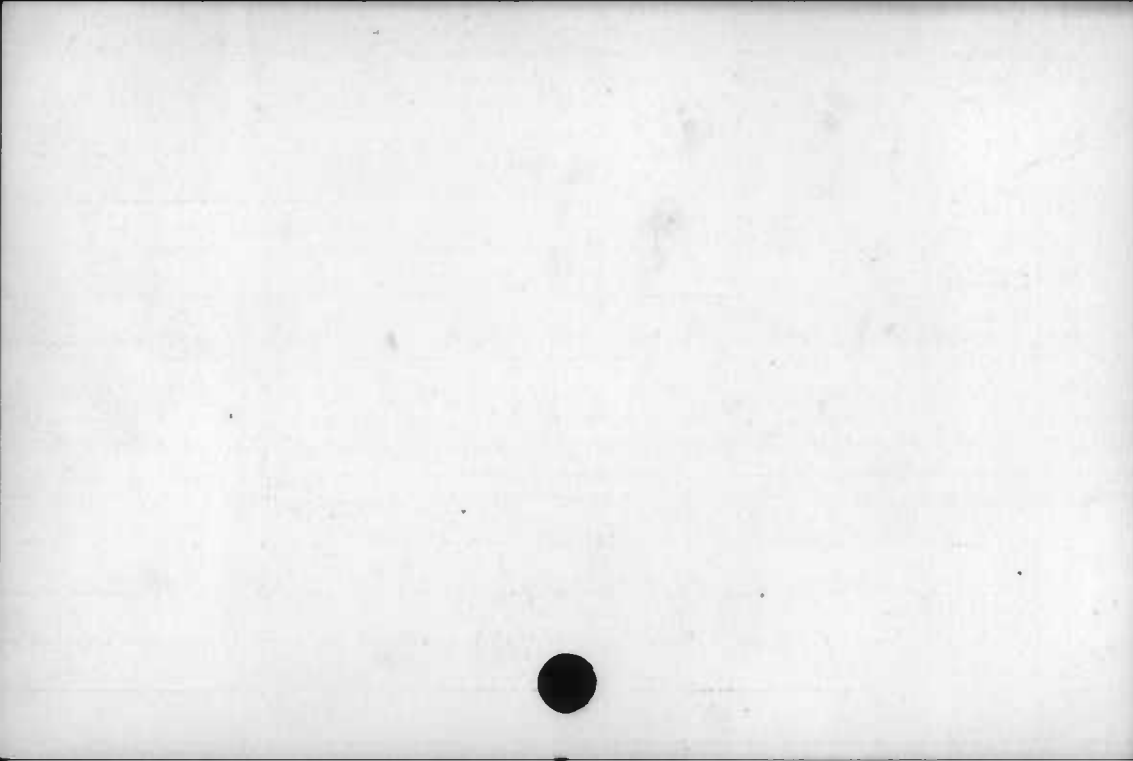
Immediate Chronic Emphysema & Lobar Pneumonia How long 5 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician G. Lewis Vest, M.D.

Address Union Mills

Accident or Suicide? Maryland

PHYSICIAN
OR CORONER



Name
in
Full

(Fraga), Berni Pauline

CERTIFICATE OF DEATH

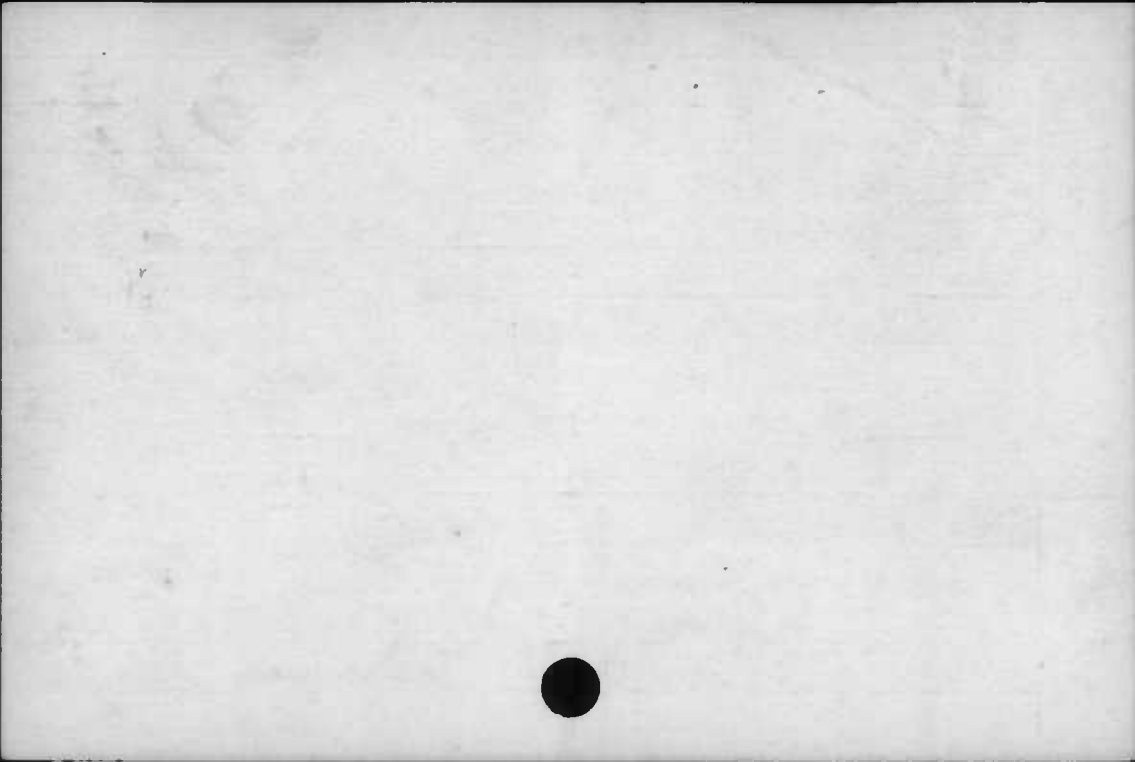
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------|---|---|-----------------------------------|----|
| Died at <u>Ards Mill</u> ^{Town} | | County <u>Barroll</u> | | MARYLAND | |
| Date of death | 1909 | Month | 1 | Day | 22 |
| Age | | Years | — | Months | 11 |
| Sex <u>Female</u> | | Color or Race <u>White</u> | | Birth-place <u>Ards Mill, Md.</u> | |
| Occupation <u>none</u> | | Where Residing if not at place of death <u>same</u> | | | |
| Married, Single or Widowed <u>—</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>John J. Fraga</u> | | Father's Birthplace <u>Eng. Co. Md.</u> | | | |
| Mother's Maiden Name <u>E. M. Engler</u> | | Mother's Birthplace <u>Eng. Co. Md.</u> | | | |
| Name of person giving information <u>J. Fraga</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------------|---|----------------------------|
| Primary | <u>Pneumonia</u> | How long | <u>93</u> <u>3 days</u> |
| Immediate | <u>Cardiac Failure</u> | How long | <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>M. Torrance, M.D.</u> | |
| | | Address <u>Sylmarville, Md.</u> | |
| Accident or Suicide? <u>—</u> | | | |



Name
in
Full

Era Guard Gorsuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|-----------------------|--|-----------------|--------------------|
| Died at <i>Gist</i> Town | | <i>Carroll</i> County | | MARYLAND | |
| Date of death | <i>1909</i> | Month <i>Jan</i> | Day <i>28</i> | Age <i>—</i> | Months <i>4</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Gist Carroll Co.</i> | | |
| Occupation <i>Infant</i> | | | Where Residing if not at place of death <i>Gist " "</i> | | |
| Married, Single or Widowed <i>—</i> | | | Name of Wife or Husband <i>—</i> | | |
| Father's Name <i>Allie C Gorsuch</i> | | | Father's Birthplace <i>Gist Carroll Co</i> | | |
| Mother's Maiden Name <i>Mary E Smith</i> | | | Mother's Birthplace <i>Taylorsville Carroll Co</i> | | |
| Name of person giving information <i>Allie C Gorsuch</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Marasmus</i> | How long <i>3 months</i> |
| Immediate <i>Acute Indigestion & Enteritis</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>E D Crunk</i> |
| | Address <i>Winfield, Carroll Co.</i> |
| Accident or Suicide? | |

1 Bethesda

Name
in
Full

Henry Claydon Gorsuch

436
CERTIFICATE OF DEATHDied at ^{Town} *Timber* ^{County} *Carroll*

MARYLAND

Date of death: 1909 Jan 24 Age 65- Months 3 Days 12

Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Mary Elizabeth Gorsuch*Father's Name *James Gorsuch* Father's Birthplace *Maryland*Mother's Maiden Name *Mary Green* Mother's Birthplace *Maryland*Name of person giving information *Mary E. Gorsuch* How related to deceased *Wife*

CAUSES OF DEATH

120

Primary *Chronic Interstitial Nephritis* How long *6 or 8 yrs.*Immediate *Broncho Pneumonia* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Chas R. Lutz*Address *Westminster, Md.*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Belminsky-Camden
Staten

Name
in
Full

Margaret Hartley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Taylorsville^{County} Carroll

Date of death 1909

Month 1

Day 19

Age

Years 73

Months 11

Days 12

Sex

Female

Color or
Race

White

Birth-
place

Carroll Co. Md.

Occupation

House work

Where Residing if not
at place of death

Taylorsville Md.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Pilkerton Hartley (deceased)

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Ella Tucker

How related
to deceased

Daughter

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

one week.

Immediate

Cardiac. Excitation.

How long

one day

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

A. T. Beane.

Address

Taylorsville

Accident or Suicide?

Gaylorsville

Name
in
Full

Edward A. Harris

429
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------------|---------------|--------|---|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | Jan | 4 | 92 | | | |
| Sex | Male | Color or Race | white | Birth-place | Md. | | |
| Occupation | Retired | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | single | | | Name of Wife or Husband | | | |
| Father's Name | William Harris | | | Father's Birthplace | | | |
| Mother's Maiden Name | Annie M. Anderson | | | Mother's Birthplace | | | |
| Name of person giving information | C. Herbert Richardson | | | How related to deceased | | | |
| | | | Cousin | | | | |

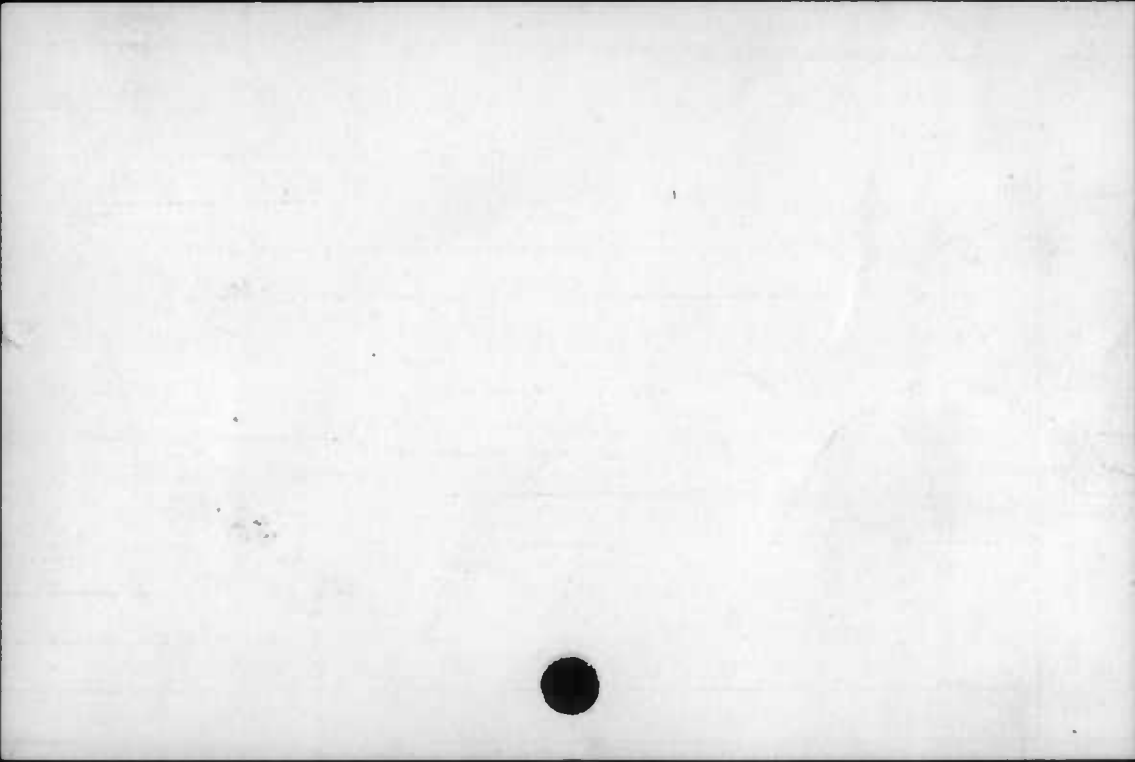
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------|-----|------------------------|----------------|
| Primary | La Grippe Pneumonia | | How long | 3 days |
| Immediate | Heart Failure | | How long | 6 hours |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | Chas. R. Foutz |
| | | | Address | Westminster |
| Accident or Suicide? | | no | | Md. |

Knigsrill of Baltimore Co

| Name in Full | | CERTIFICATE OF DEATH | | | |
|---|--|--|--|--|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Union Bridge</i> <small>Town</small> | | <i>Carroll</i> <small>County</small> | |
| | | Date of death <i>1909</i> <small>Month</small> <i>1</i> <small>Day</small> <i>24</i> | | Age <i>69</i> <small>Years</small> <i>—</i> <small>Months</small> <i>—</i> <small>Days</small> | |
| | | Sex <i>male</i> | Color or Race <i>white</i> | Birth-place <i>md</i> | |
| | | Occupation <i>Laborer</i> | Where Residing if not at place of death <i>—</i> | | |
| | | Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Ann Harris</i> | | |
| | | Father's Name <i>Jacob Harris</i> | Father's Birthplace <i>md.</i> | | |
| Mother's Maiden Name <i>Elizabeth Holeberry</i> | | Mother's Birthplace <i>md</i> | | | |
| Name of person giving information <i>John J. Harris</i> | | How related to deceased <i>Son</i> | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Hemiplegia.</i> | | How long <i>10 hours.</i> | |
| | | Immediate <i>Central Hemorrhage</i> | | How long <i>—</i> | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>James. Walt.</i> | |
| | | | | Address <i>Union Bridge Md</i> | |
| Accident or Suicide? | | | | | |



Name
in
Full433
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *John W Holmes*

Died at *Near Westminster* Town *Carroll* County *MARYLAND*

Date of death *1909 Jan 20* Month *Jan* Day *20* Age *70* Years *8* Months *8* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Keeper of Toll gate* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary V Stevenson*

Father's Name *Jacob Holmes* Father's Birthplace *Maryland*

Mother's Maiden Name *Catharine Stults* Mother's Birthplace *Do*

Name of person giving information *Mary V Holmes* How related to deceased *Wife*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Indigestion* How long *1. hour*

Immediate *Angina Pectoris* How long *1. hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Jas. H. Bellinger*

Address *Westminster Md*

Accident or Suicide? *No*

Deer Park Cam
Shaver

Name
in
Full

Emily Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

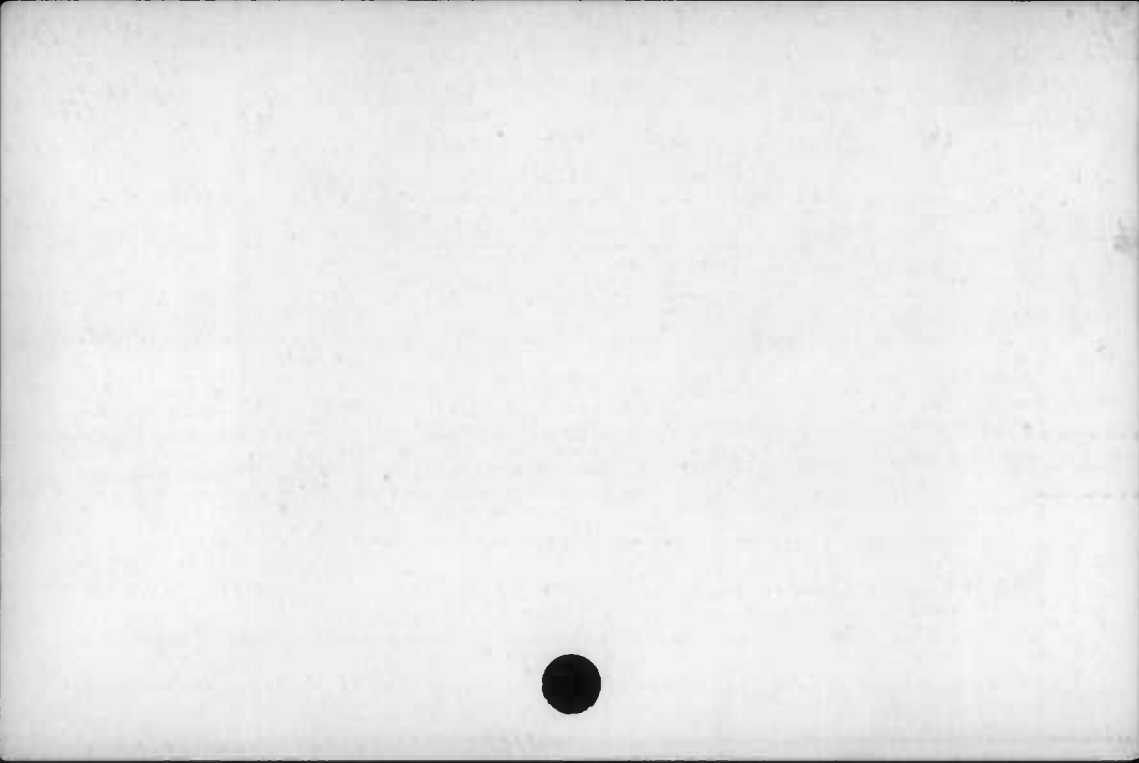
| | | | | | | |
|--|--|------------------------|--------------------------|----------------|-----------------|---------------------|
| Died near <i>Int. city.</i> | | County <i>Barroll.</i> | | MARYLAND | | |
| Date of death <i>1909</i> | Month <i>Jan.</i> | Day <i>15.</i> | Age <i>—</i> | Years <i>—</i> | Months <i>—</i> | Days <i>2 hours</i> |
| Sex <i>Female.</i> | Color or Race <i>Negro.</i> | | Birth-place <i>Chase</i> | | | |
| Occupation <i>none.</i> | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>—</i> | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>George E. Hopkins</i> | Father's Birthplace <i>Ind.</i> | | | | | |
| Mother's Maiden Name <i>Lila Snowden.</i> | Mother's Birthplace <i>Ind.</i> | | | | | |
| Name of person giving information <i>Geo. E. Snowden</i> | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Difficult Labor</i> | How long <i>—</i> |
| Immediate <i>Sub-dural Hemorrhage.</i> | How long <i>2 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>J. W. Lacy</i> |
| | Address <i>Linton</i> |
| | <i>Ind.</i> |
| Accident or Suicide? | |



Name
in
Full

Annie H. Horton,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------|----------------------------------|--|-------------------------|-----------------|
| Died at ^{Town} <i>Winfield</i> | | County <i>Carroll</i> | | MARYLAND | |
| Date of death | 1909 | Month | 1 | Day | 25 |
| Age | | Years | 35 | Months | 9 |
| Sex | | Female | Color or Race | White | Birth-place |
| Occupation | | Housework | Where Residing if not at place of death | | |
| Married, Single or Widowed | | Married | Name of Wife Husband <i>Harvey Horton</i> | | |
| Father's Name | | <i>George Slater, (deceased)</i> | | Father's Birthplace | <i>Germany</i> |
| Mother's Maiden Name | | <i>Anna Wanders, (deceased)</i> | | Mother's Birthplace | <i>Maryland</i> |
| Name of person giving information | | <i>Harvey Horton</i> | | How related to deceased | <i>Husband</i> |

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|------------------------|-------------------|
| Primary | <i>Puerperal Pyaemia</i> | How long | <i>Eight days</i> |
| Immediate | <i>Septic infection</i> | How long | <i>two days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>yes</i> | | <i>A. T. Carole</i> | |
| | | Address | |
| | | <i>Taylorville Md</i> | |
| Accident or Suicide? | | | |

Baile's

Name
in
Full

Hanny Jenkins

CERTIFICATE OF DEATH

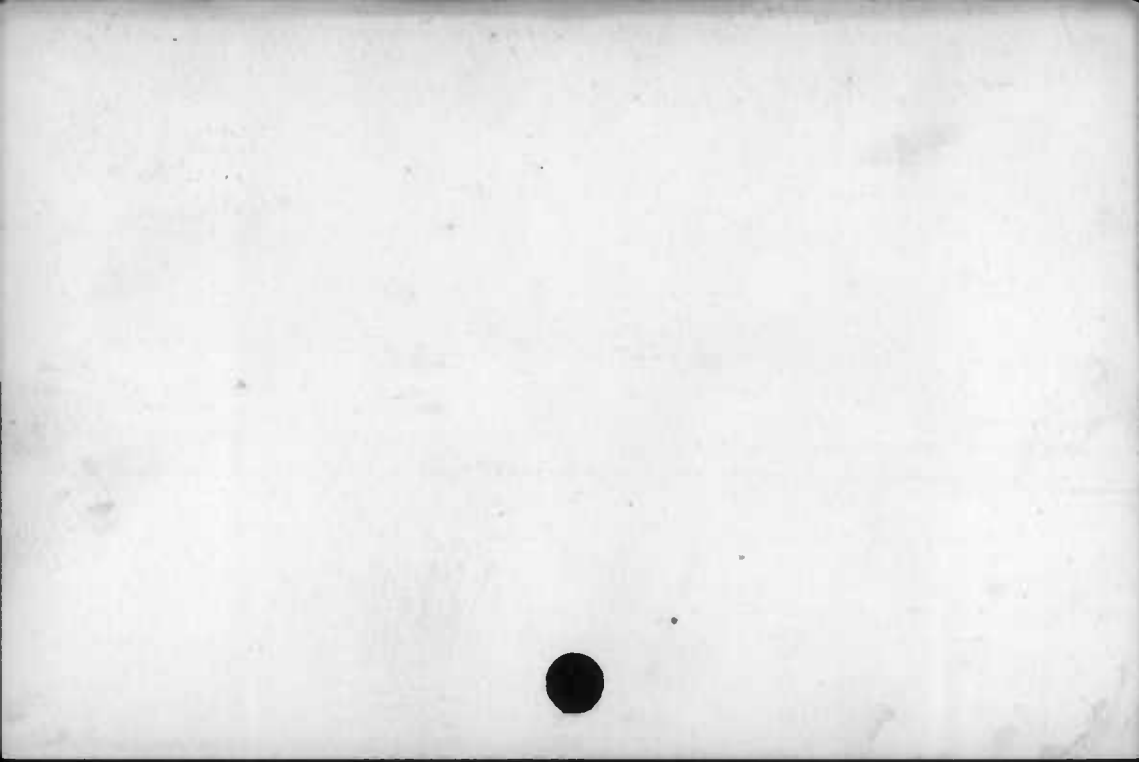
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|---------------------------------------|---|--|----------------------------------|
| Died at <u>Daniell</u> ^{Town} | | <u>Carroll</u> ^{County} | | MARYLAND | |
| Date of death | <u>1909</u> | Month <u>Jan</u> | Day <u>24</u> | Age <u>Still born</u> ^{Years} | Months <u>Jan</u> Days <u>24</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth place <u>Daniell</u> | | |
| Occupation _____ | | | Where Residing if not at place of death _____ | | |
| Married, Single or Widowed _____ | | Name of Wife or Husband _____ | | | |
| Father's Name <u>G W Jenkins</u> | | Father's Birthplace <u>Daniell</u> | | | |
| Mother's Maiden Name <u>Rachel J Welsh</u> | | Mother's Birthplace <u>Daniell</u> | | | |
| Name of person giving information <u>G W Jenkins</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-------------------|---|----------|
| Primary | <u>still born</u> | How long | <u>—</u> |
| Immediate | <u>" "</u> | How long | <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | Signature of Physician <u>E D Cronk</u> | |
| | | Address <u>Winefield Carroll Co.</u> | |
| Accident or Suicide? | | | |



Name
in
Full

Eliza J. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

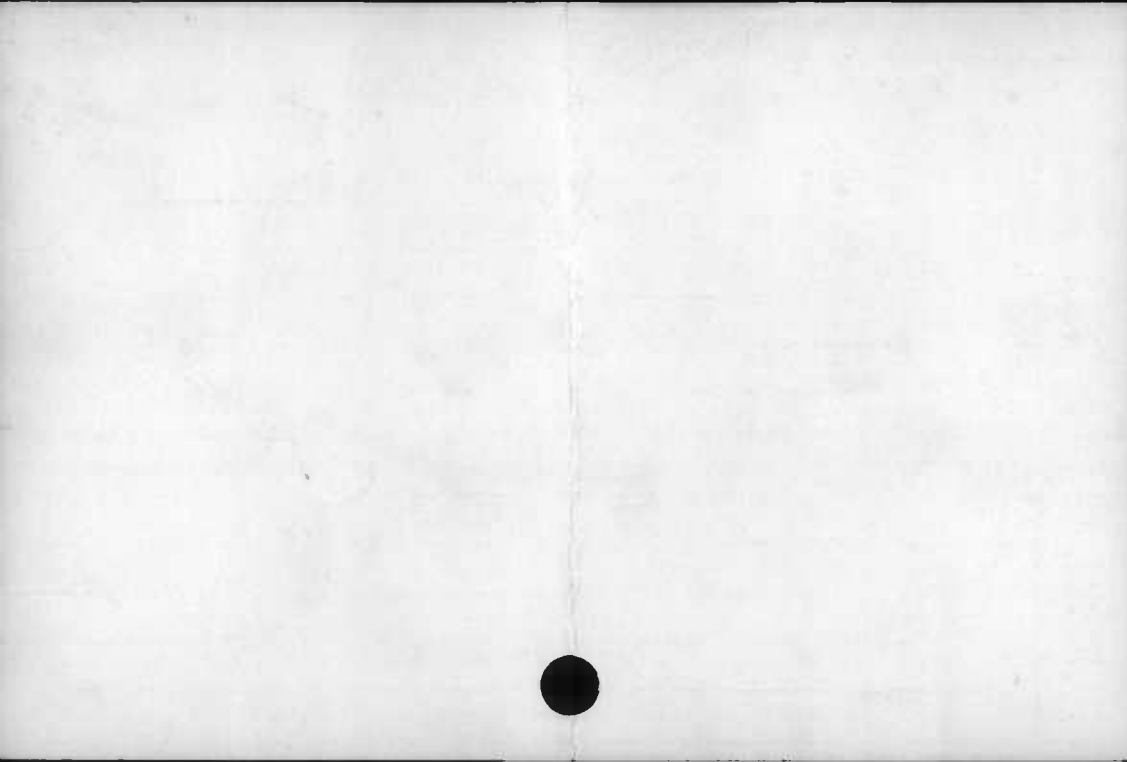
| | | | | | | | |
|-----------------------------------|--------------------|-------|-------------------------|---|-------------------------|-------------|---------------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1909 | | Jan. | 28 | 77 | | unknown | |
| Sex | Female | | Color or Race | Colored | | Birth-place | Fred. Co. Md. |
| Occupation | Housewife | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | | Name of Wife or Husband | Reuf. Jones | | | |
| Father's Name | Gleason | | | | Father's Birthplace | Fred Co. | |
| Mother's Maiden Name | unknown | | | | Mother's Birthplace | unknown | |
| Name of person giving information | Elizabeth C. Lewis | | | | How related to deceased | Daughter | |

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

| | | | | |
|--|-------------------|-----|------------------------|------------|
| Primary | Arterio Sclerosis | | How long | Don't know |
| Immediate | Heart trouble | | How long | immediate |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | |
| | | | Luther Kemp | |
| | | | Address | |
| | | | Uniontown Md. | |
| Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJoseph Katapis
TownCounty
Carroll

MARYLAND

Date
of death

1909

Month

Jan

Day

26

Age

92

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Bohemia

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Unknown

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

Hospital records

How related
to deceased

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senile dementia

How long

?

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, data
and place correctly given above?

Not certain

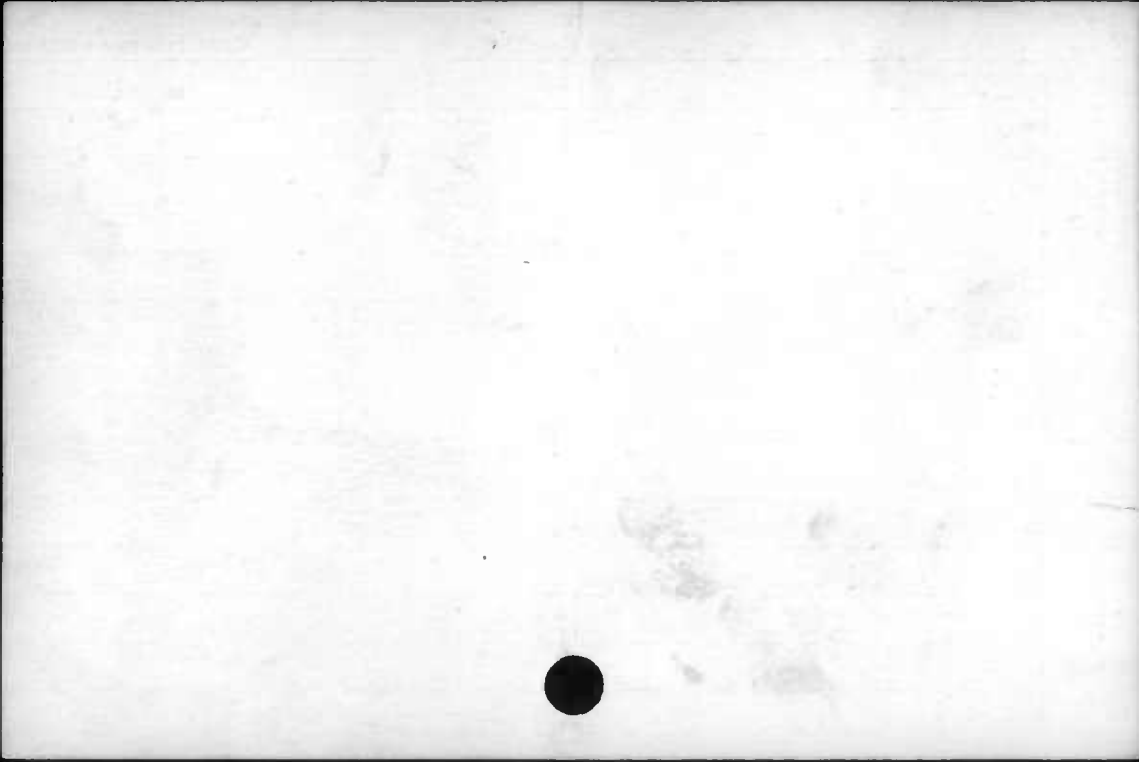
Signature of
Physician

Address

Chas. J. Casey
Lykensville Md

Accident or Suicide

No



Name
in
Full

Daniel C Terin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

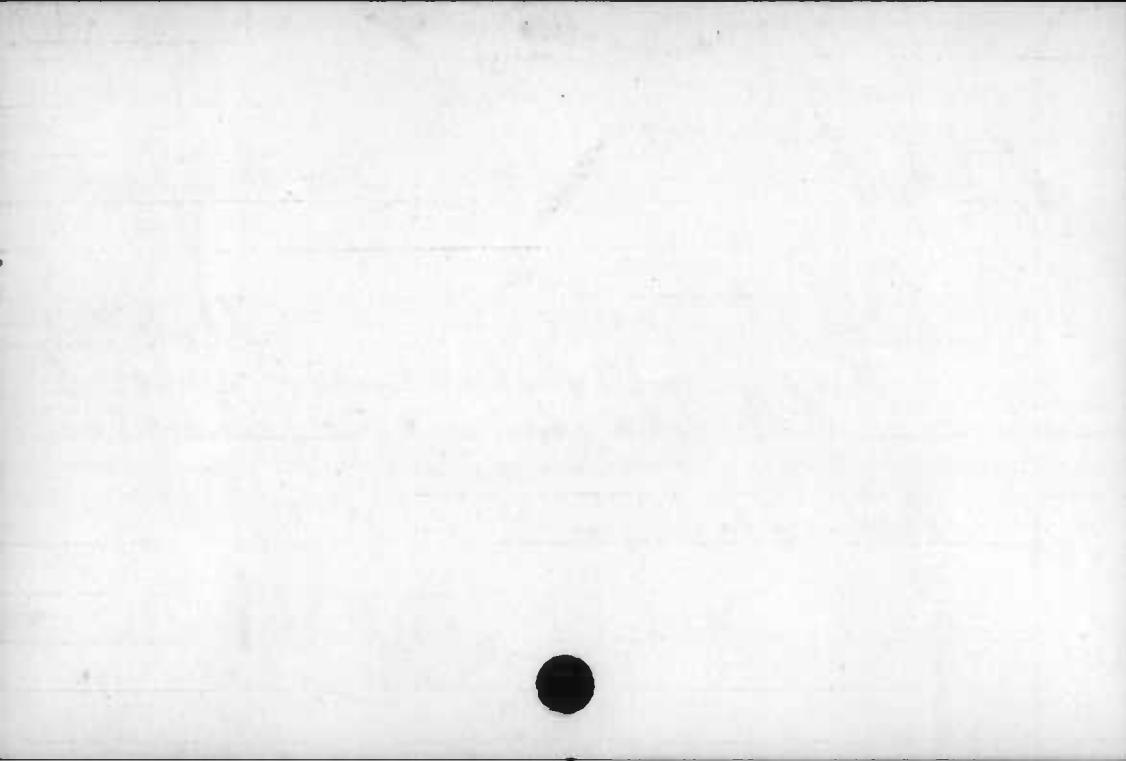
| | | | | | |
|---|---|----------------------------------|--------------------------------|-----------------------------|---------------------------|
| Died at <i>Taneytown</i> ^{Town} | | <i>Carroll</i> ^{County} | | MARYLAND | |
| Date of death <i>1909</i> | <i>Jan</i> ^{Month} | <i>2</i> ^{Day} | Age <i>77</i> ^{Years} | <i>11</i> ^{Months} | <i>13</i> ^{Days} |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Adams Co Pa</i> | | |
| Occupation <i>Plasterer</i> | Where Residing if not at place of death | | | | |
| Married , Single <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Samuel Terin</i> | Father's Birthplace <i>Adams Co Pa</i> | | | | |
| Mother's Maiden Name <i>Sarah Terinard</i> | Mother's Birthplace " " " | | | | |
| Name of person giving information <i>Wesley Terin</i> | How related to deceased <i>Brother</i> | | | | |

CAUSES OF DEATH

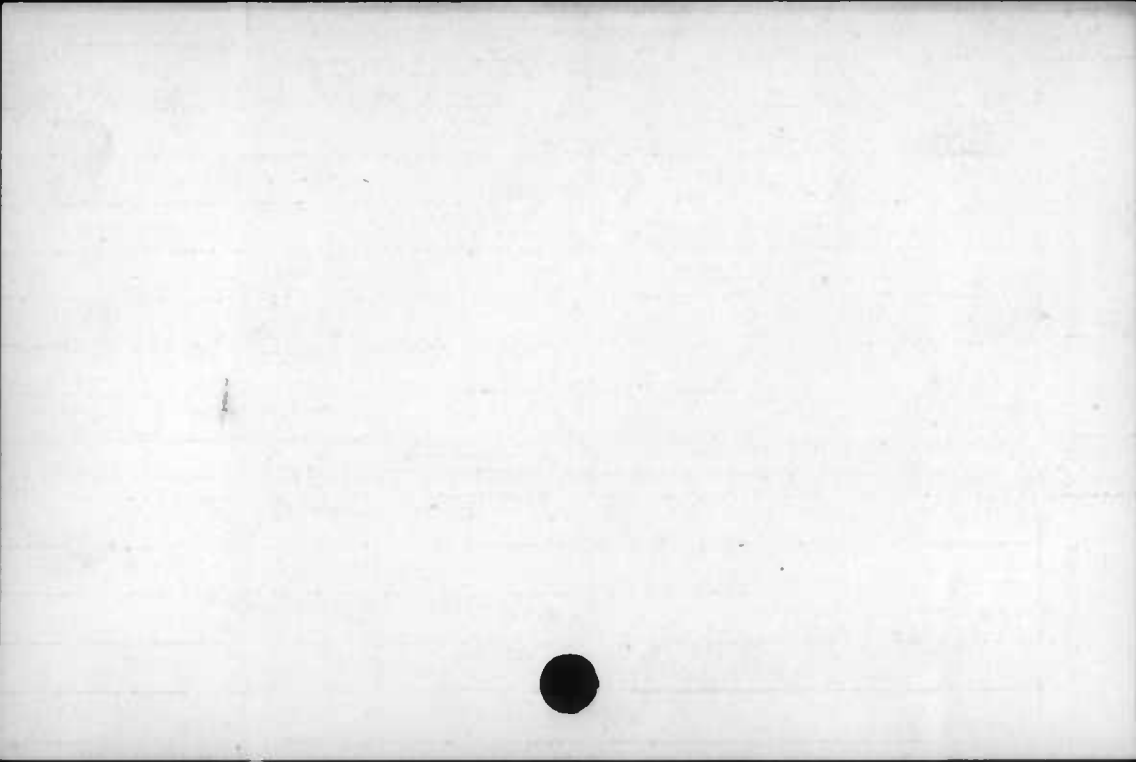
79

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Organic heart disease & nephritis</i> | How long <i>1 year</i> |
| Immediate <i>Exhaustion</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. H. Weiss, M.D.</i> |
| | Address <i>Taneytown, Md.</i> |
| Accident or Suicide? <i>No</i> | |



| Name in Full | | Daniel Lyons | | | | CERTIFICATE OF DEATH | | | | | |
|--|---------------|---------------|----------|---|--------|----------------------|---------|-------------|----------|----------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Dearpark | | County | | Carroll | | MARYLAND | | |
| | Date of death | | 1909 | | Month | | Jan | | Day | | |
| | | | 19 | | Age | | Years | | Months | | |
| | | | | | | | | | Days | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Sex | | Male | | Color or Race | | White | | Birth-place | | Dearpark | |
| Occupation | | X | | Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | X | | Name of Wife or Husband | | X | | | | | |
| Father's Name | | Chas B Lyons | | Father's Birthplace | | Liberty Maryland | | | | | |
| Mother's Maiden Name | | Annie M Dolan | | Mother's Birthplace | | Ireland | | | | | |
| Name of person giving information | | L E Lyons | | How related to deceased | | Uncle | | | | | |
| | | | | CAUSES OF DEATH | | | | | | | |
| Primary | | convulsions | | How long | | 71 | | | | | |
| Immediate | | | | How long | | | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | R. H. Wells | | | | | |
| | | | | Address | | Gamber | | | | | |
| Accident or Suicide? | | | | | | | | | | | |



Name
in
Full

Chas. M. McCurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Springfield Hospital* County *Carroll* **MARYLAND**

Died at *Springfield Hospital*

Date of death *1909 Jan 23* Age *60* Months Days

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving Information *Hospital records* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

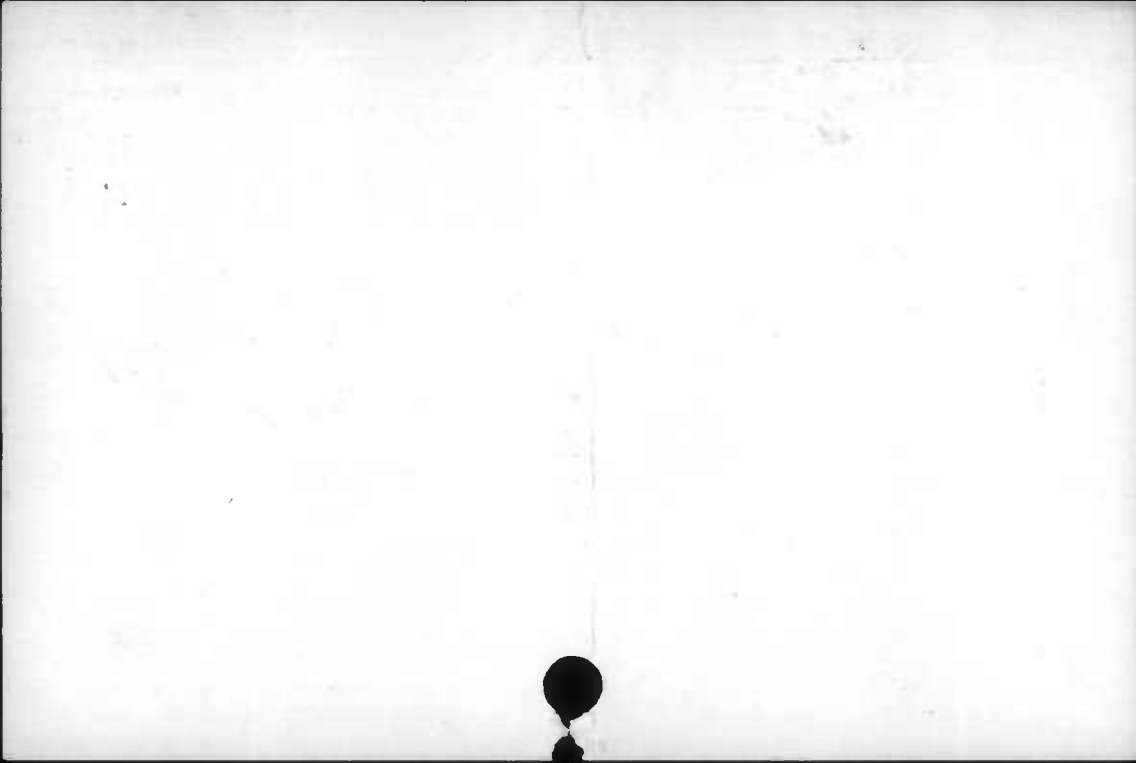
Primary *Chronic Nephritis* How long *5 years*

Immediate *Acute pulmonary Cong.* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas. J. Carey*

Address *Lykesville Md.*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

J. F. Muncie

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt. Airy* *6 and 1/2* *Co. 1st*
Date of death *1909* *1* *21* *Age not known*

Sex *Male* Color or Race *white* Birth-place *Unknown*
Occupation *Brakeman on R.R.* Where Residing if not at place of death *Baltimore Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Hannah Muncie*

Father's Name *not known* Father's Birthplace *not known*

Mother's Maiden Name *not known* Mother's Birthplace *not known*

Name of person giving information *A. L. Beall* How related to deceased *not related*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary *accident fell off of back*

Immediate *whiplash by an R.R. car*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank L. Lewis Coroner*

Address *Mt. Airy*

Accident or Suicide? *accident*

Frank L. Lewis Coroner



| | | | | | | | |
|---|--|-------------------|-----------------------------|---|---------------------------|-----------------------------|-------------|
| Name in Full | | William Miller | | | | 432 CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Westminster ^{Town} | | Carroll ^{County} | | MARYLAND |
| | Date of death | 1909 | Month | June | Day | 19 | Age |
| | | | Years | 26 | Months | | Days |
| | | | | | | | 9 |
| | Sex | Male | | Color or Race | White | | Birth-place |
| | | | | | | | Maryland |
| Occupation | | None | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| Father's Name | | George Miller | | | | Father's Birthplace | |
| | | | | | | Penna | |
| Mother's Maiden Name | | Annie Nightingale | | | | Mother's Birthplace | |
| | | | | | | Maryland | |
| Name of person giving information | | George Miller | | | | How related to deceased | |
| | | | | | | Father | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold;">69</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Epileptic | | How long | | |
| | | | | | 15 yrs | | |
| | Immediate | | " | | How long | | |
| | | | | | " | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | |
| | | | | Dr. Thos. Coonan | | | |
| | | | | Address | | | |
| | | | | Westminster | | | |
| | | | | Md | | | |
| Accident or Suicide? | | | | | | | |

Staten
Brethren Cemetery

Name
in
Full

Ida J Moore

428
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-----------------------|-----------------------------|-----------------|---------------|
| Died at <i>Westminster</i> | | County <i>Carroll</i> | | MARYLAND | |
| Date of death | Month <i>Jan</i> | Day <i>1</i> | Years <i>52</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>General house work</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>William Moore</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Mary A Straton</i> | Mother's Birthplace <i>Idaho</i> | | | | |
| Name of person giving information <i>Chas Moore</i> | How related to deceased <i>Brother</i> | | | | |

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Aphasia</i> | How long <i>64</i> |
| Immediate <i>Immediate</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Frank J. Shaw</i> |
| | Address <i>Westminster, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Andrew D. Mullin

CERTIFICATE OF DEATH

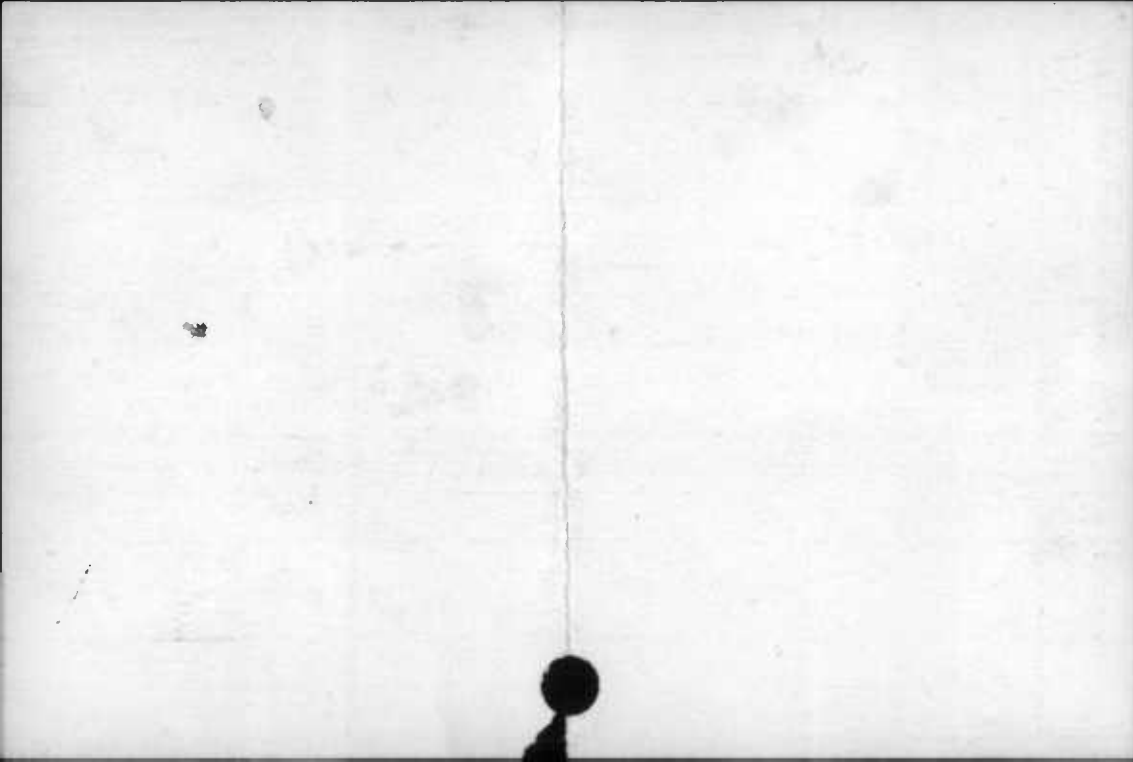
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------------|----------------------|---|----------------|------------------|
| Died at <i>mt airy</i> ^{town} | | County <i>Carmel</i> | | MARYLAND | |
| Date of death | <i>1909 Jan</i> | Month | <i>20</i> | Day | <i>77</i> |
| Sex | <i>male</i> | Color or Race | <i>white American</i> | Birth-place | <i>Howard Co</i> |
| Occupation | <i>Retired farmer</i> | | Where Residing if not at place of death <i>Howard Co Md</i> | | |
| Married, Single or Widowed | Name of Wife or Husband | | <i>Susan J. Mullin</i> | | |
| Father's Name | <i>Unknown</i> | | Father's Birthplace | <i>Unknown</i> | |
| Mother's Maiden Name | <i>Unknown</i> | | Mother's Birthplace | <i>Unknown</i> | |
| Name of person giving information | <i>Milton Mullin</i> | | How related to deceased | <i>Son</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|--------------------|
| Primary | <i>Heart Disease</i> | How long | <i>2 years</i> |
| Immediate | <i>Heart Disease</i> | How long | <i>Suddenly</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>W. F. Gaver</i> |
| | | Address | <i>mt airy Md</i> |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Maltz

Town

County

Died at

Springfield Hospital

Carroll

MARYLAND

Date

of death

1909

Month

Jan

Day

5

Age

Years

57

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

md

Occupation

Unknown

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Caroline Maltz

Father's
Name

Unknown

Father's
Birthplace

"

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

Hospital record

How related
to deceased

CAUSES OF DEATH

Primary

Arterio Sclerosis + Dementia

How long

over 12 years

Immediate

Cerebral Apoplexy

How long

1 hr.

Are the name, age, sex, color, date
and place correctly given above?

Not positive

Signature of
Physician

Address

Chas J. Carey
Ly Kenville md

Accident or Suicide

md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Annie Maria Murray
Town County

Died at *Finksburg* *Carroll*

MARYLAND

Date of death 190 *9* Jan 15 Age *62*

Months Days

Sex *Female* Color or Race *white* Birth-place *Carroll Co Md*

Occupation *Work* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Joshua Murray* Father's Birthplace *Carroll Co. Md*

Mother's Maiden Name *Mary Bennett* Mother's Birthplace *New York*

Name of person giving Information *Mrs. Stephen Stockdale* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Arterio-sclerosis* How long *64* or not known

Immediate *Cerebral Hemorrhage* How long *Five days*

Are the name, age, sex, color, date and place correctly given above? *yes*

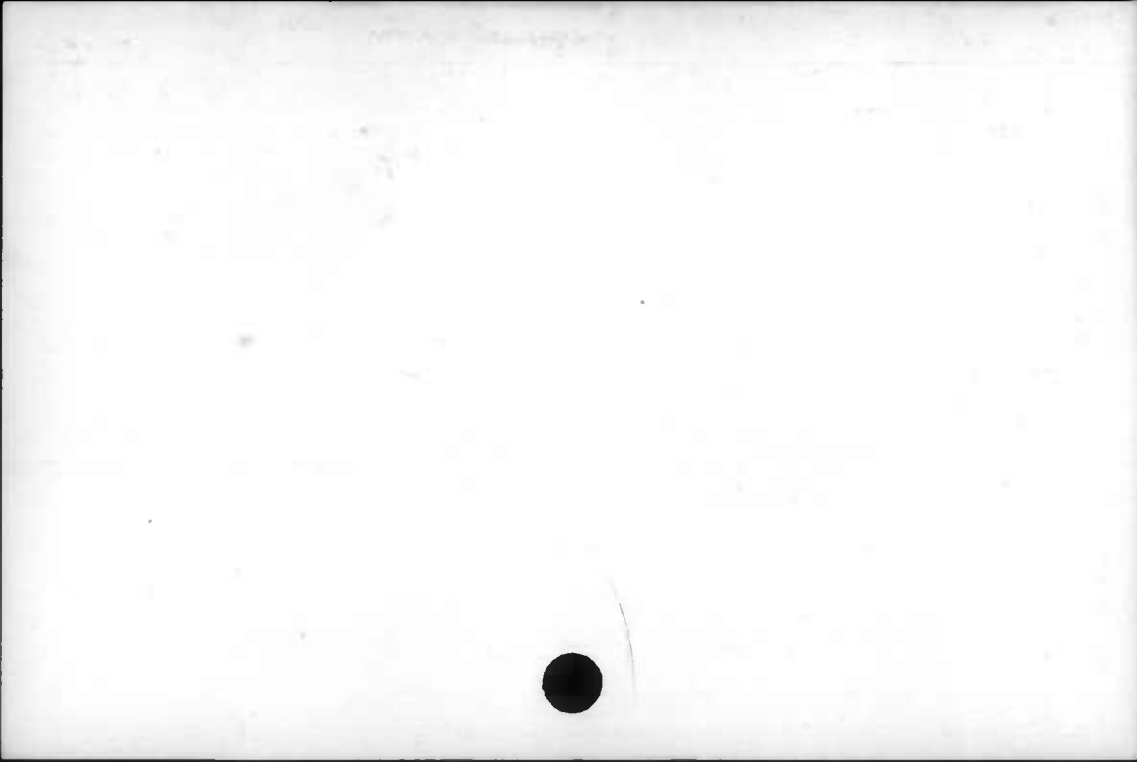
Signature of Physician *J. M. Slader*

Address *Reisterstown Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Infant of J. W. and Mary Beck
Town Harney County Carroll

MARYLAND

Died at Harney Month Jan. Day 31 Age 2

Date of death 1904

Sex Female Color or Race White Birth-place Harney, Ind.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name J. William Beck Father's Birthplace Adams Co. Pa.

Mother's Maiden Name Mary Shriner Mother's Birthplace Harney, Ind.

Name of person giving Information Chas Brown How related to deceased In Relation

CAUSES OF DEATH

151

Primary Premature birth How long 2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

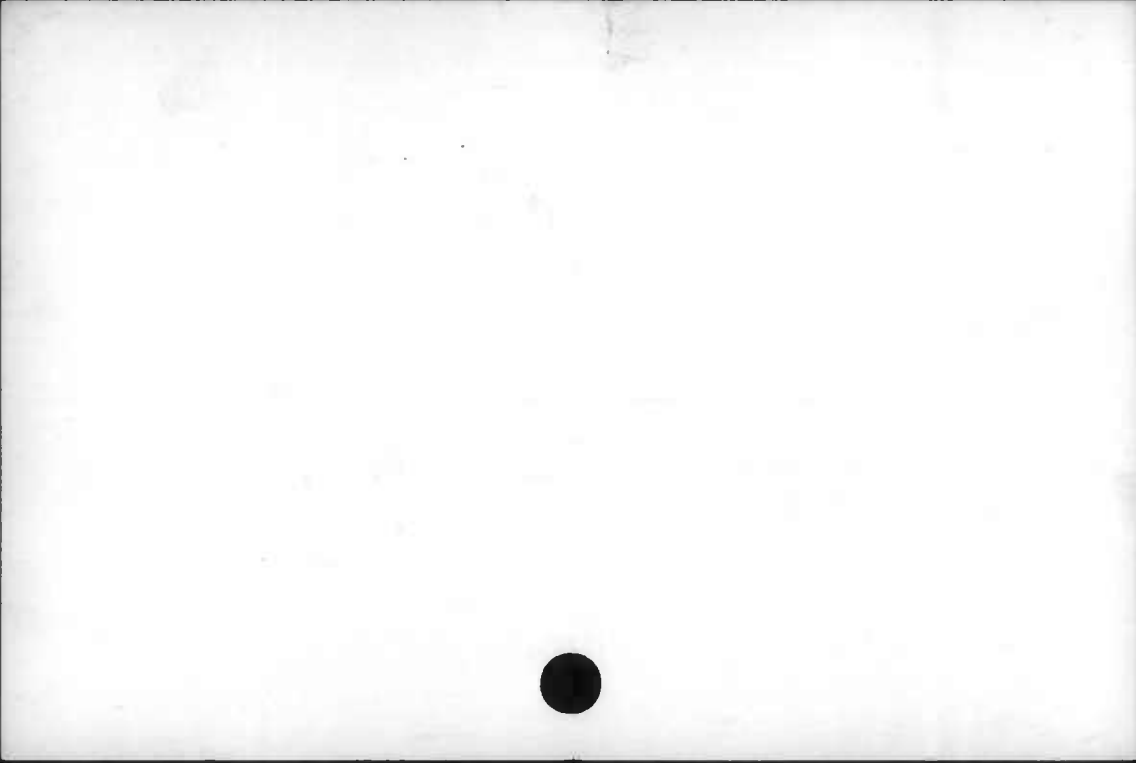
Address

Wm. B. Hagan
Sub Registrar
Harneytown Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

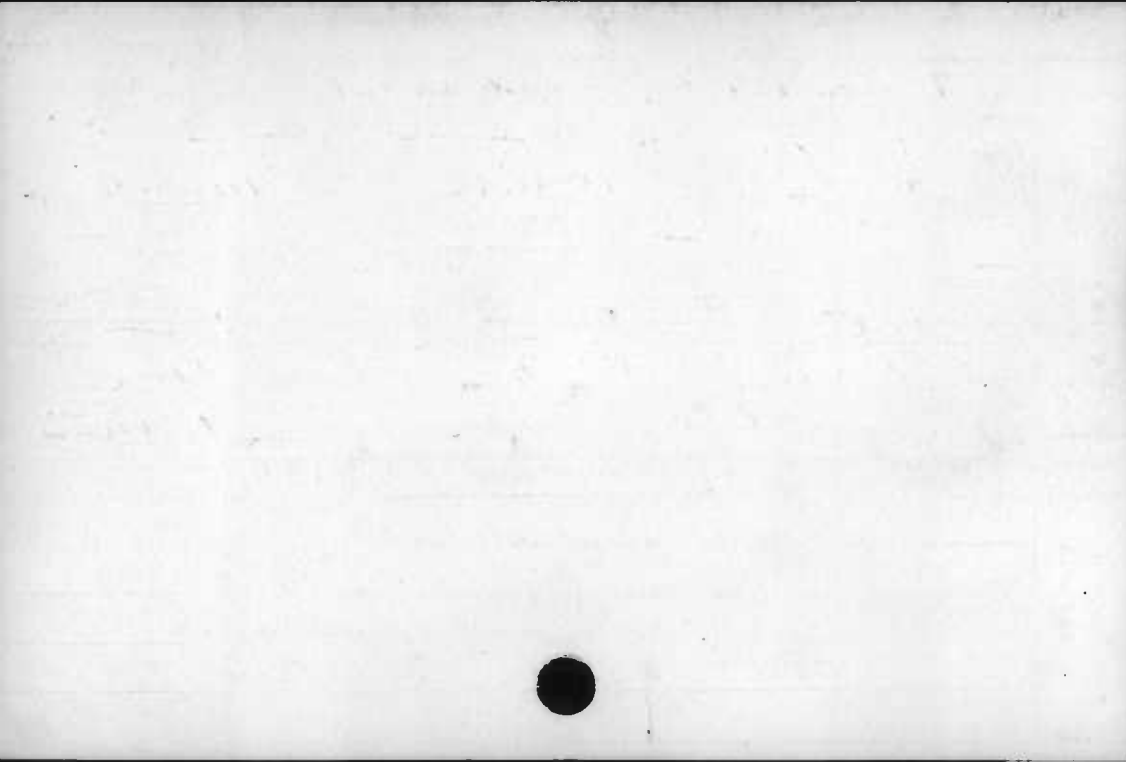
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------|-------------------------|-----------------|-------------------------|---------------------------------|
| Died at <u>Union Bridge</u> Town | | <u>Kentzel</u> County | | MARYLAND | |
| Date of death | 1909 | Month | 1 st | Day | 23 |
| Sex | male | Color or Race | White | Age | Years _____ Months _____ Days 2 |
| Occupation | <u>carver</u> | | Birth-place | <u>Union Bridge</u> | |
| Where Residing if not at place of death | | _____ | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name | | <u>Walter Kentzel</u> | | Father's Birthplace | |
| Mother's Maiden Name | | <u>Edna Slick</u> | | Mother's Birthplace | |
| Name of person giving information | | <u>Walter Kentzel</u> | | How related to deceased | |
| | | | | <u>Father</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------------|-----------------------------|-------|
| Primary | <u>Non closure of foramen ovale</u> | How long | _____ |
| Immediate | | How long | _____ |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | <u>H. Hubert Brown M.D.</u> | |
| Address | | <u>Union Bridge</u> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

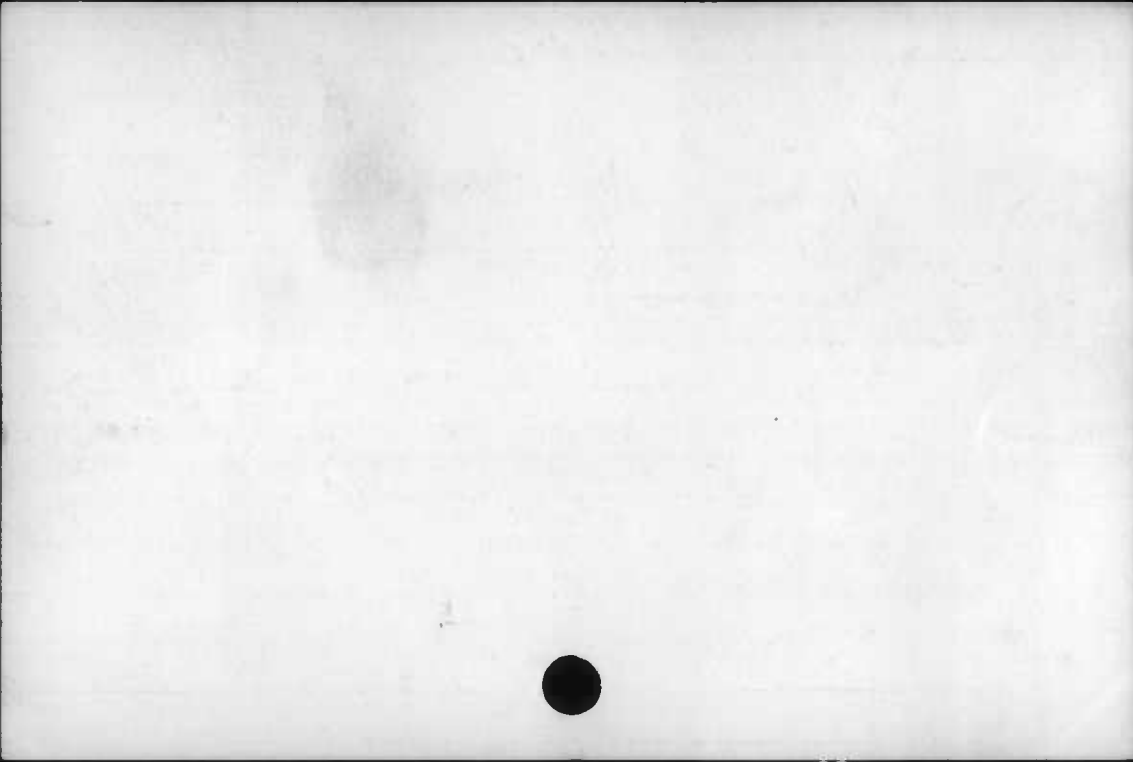
| | | | | | | | |
|---|--|-------------------------------|--|---|--|----------------------|--|
| Name in Full Raymond Roy Rhorbush | | Town Spencertown | | County Carroll | | MARYLAND | |
| Died at Spencertown | | Month Jan | | Day 3 | | Years 1909 | |
| Date of death 1909 Jan 3 | | Age 3 | | Months 3 | | Days 14 | |
| Sex Male | | Color or Race White | | Birth-place Spencertown | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name Wm F Rhorbush | | | | Father's Birthplace Spencertown | | | |
| Mother's Maiden Name Hattie Massam | | | | Mother's Birthplace Liberal Ind | | | |
| Name of person giving information Wm F Rhorbush | | | | How related to deceased Father | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------|--|------------------|
| Primary | Cholera Infantum | How long | 4 weeks |
| Immediate | Open Foramen Ovale | How long | Two weeks |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician J. H. Sherman | |
| | | Address Manchester Ind | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

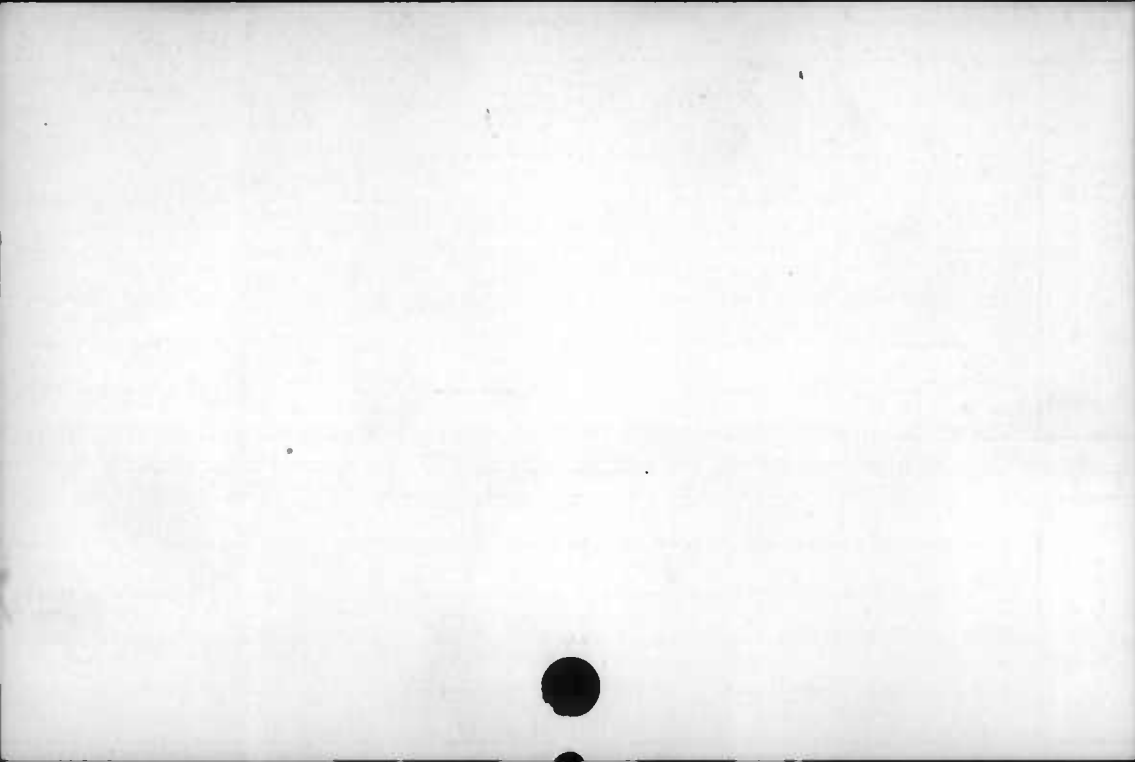
| | | | | | | | |
|---|--|---|--|---------------------------|--|--------------------------|--|
| Name in Full <i>Thomas A. Ruddy</i> | | Town <i>Sylkesville</i> | | County <i>Carroll</i> | | State <i>MARYLAND</i> | |
| Died at <i>Sylkesville</i> | | Month <i>Jan</i> | | Day <i>22</i> | | Years <i>34</i> | |
| Date of death <i>1909 Jan 22</i> | | Age <i>34</i> | | Months <i>—</i> | | Days <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Md.</i> | | | |
| Occupation <i>Bar. tender</i> | | Where Residing if not at place of death <i>Springfield State Hosp.</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>Austin Ruddy</i> | | Father's Birthplace <i>Ireland</i> | | | | | |
| Mother's Maiden Name <i>Ellen Martin</i> | | Mother's Birthplace <i>Ireland</i> | | | | | |
| Name of person giving information <i>Hosp. records</i> | | How related to deceased | | | | | |

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>General Paralysis</i> | How long <i>2 1/2 yrs.</i> |
| Immediate <i>Cerebral Congestion</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>S. H. Snavely</i> |
| | Address <i>Springfield State Hosp. Sylkesville, Md.</i> |
| Accident or Suicide? <i>No.</i> | |

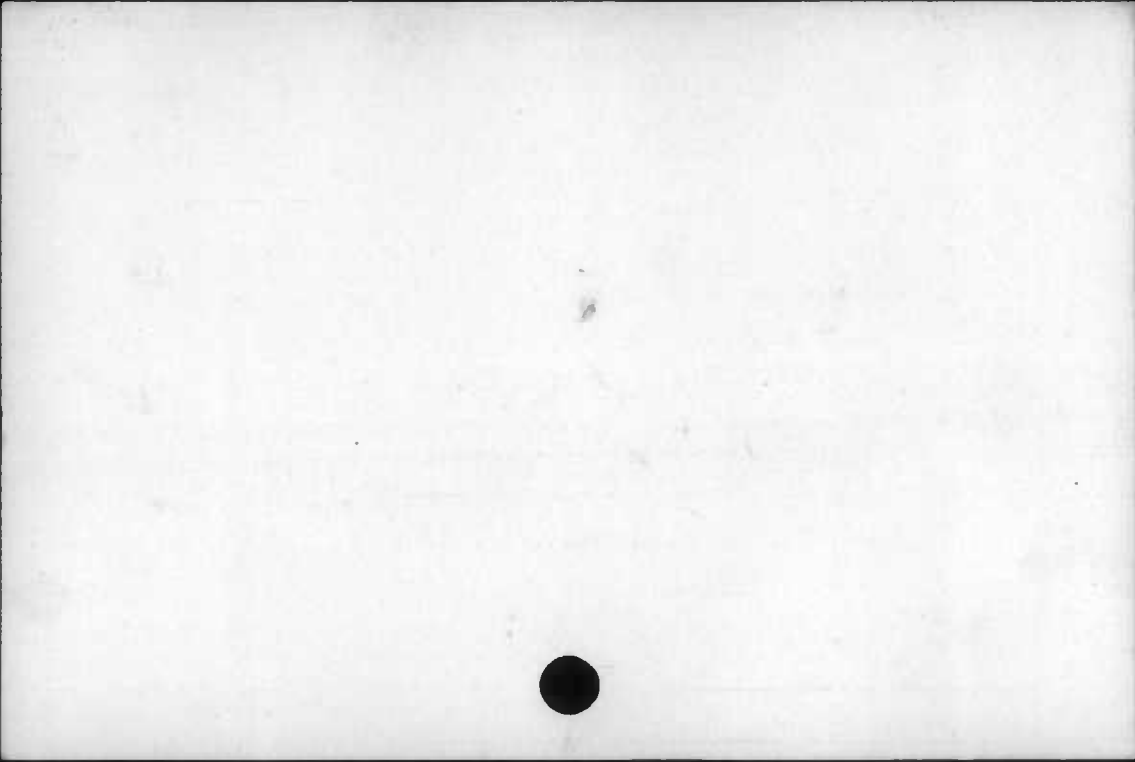


| | | | |
|--|--|---|--|
| Name in Full Raymond Preston Shearer | | CERTIFICATE OF DEATH | |
| Died at Lineboro Town | | Corroon County | |
| Date of death 1909 Jan Month 9 Day | | Age 4 Years Months Days | |
| Sex male | | Color-Race white | |
| Occupation | | Birth-place Lineboro Md. | |
| Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | |
| Father's Name Wm. Shearer | | Father's Birthplace Baltimore Md. | |
| Mother's Maiden Name Ida S. Bubb | | Mother's Birthplace Baltimore Md. | |
| Name of person giving information Wm. Shearer | | How related to deceased Father | |
| CAUSES OF DEATH | | | |
| Primary Promoter Birth | | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician H. Howard Wells | |
| | | Address Lineboro | |
| Accident or Suicide? | | | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

151



Name
in
Full

Emma R. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

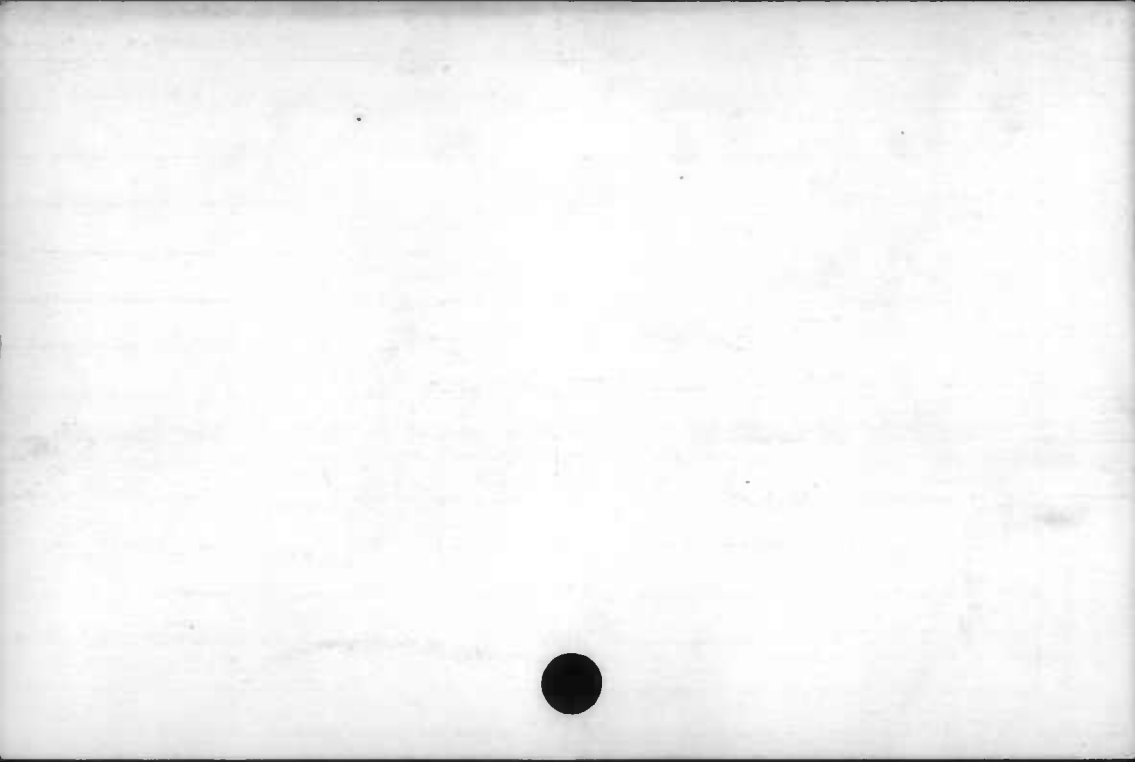
| | | | | | |
|---|----------------------------|--|---|----------|------|
| Died at <i>Springfield Hospital</i> | | County <i>Carrace</i> | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| 1909 | January | 21 st | Age 65 | — | — |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Ind.</i> | | |
| Occupation <i>None</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Unknown</i> | | | |
| Father's Name <i>Jabez Whitford Loane</i> | | | Father's Birthplace <i>Ind.</i> | | |
| Mother's Maiden Name <i>Rebecca Eppley</i> | | | Mother's Birthplace <i>Penn.</i> | | |
| Name of person giving Information <i>Hospital records</i> | | | How related to deceased <i>None</i> | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|-----------------|
| Primary | <i>Chronic nephritis & Organic Heart disease</i> | How long | <i>Unknown.</i> |
| Immediate | <i>Cardiac dilatation & Exhaustion</i> | How long | <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes.</i> | | Signature of Physician <i>W. Henry Fisher M.D.</i> | |
| | | Address <i>Sylkesville Ind.</i> | |
| Accident or Suicide <i>no.</i> | | | |



| Name in Full | | Catherine Starnes | | | | No 4.30 CERTIFICATE OF DEATH | |
|---|--|-------------------------------------|--|-----------------------------|--------------------------------|---------------------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Westminster</i> <small>Town</small> | | <i>Carroll</i> <small>County</small> | | MARYLAND | | |
| | Date of death <i>1909 Jan 6</i> | <i>Jan</i> <small>Month</small> | <i>6</i> <small>Day</small> | Age <i>74</i> | <i>2</i> <small>Months</small> | <i>1</i> <small>Days</small> | |
| | Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Maryland</i> | | | |
| | Occupation <i>none</i> | | Where Residing if not at place of death | | | | |
| | Married, Single or Widowed <i>single</i> | Name of Wife or Husband | | | | | |
| | Father's Name <i>Jacob Starnes</i> | Father's Birthplace <i>Maryland</i> | | | | | |
| Mother's Maiden Name <i>Catherine Stonerifer</i> | Mother's Birthplace <i>Maryland</i> | | | | | | |
| Name of person giving information <i>Calvin Starnes</i> | How related to deceased <i>Brother</i> | | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Gastritis</i> | How long <i>Six weeks</i> | | | | | |
| | Immediate <i>Gastritis</i> | How long | | | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>James J. Stewart</i> | | | | |
| | | | Address <i>Westminster Md</i> | | | | |
| Accident or Suicide? | | | | | | | |

St Benjamin Leval
James Storer

| Name in Full | | Charlotte A. Steen | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|---|---|--|-------------------------|---|------------|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at Demming | | County Carroll | | MARYLAND | |
| | | Date of death 1909 | Month 1 | Day 20 | Age 57 | Months | Days 12 |
| | | Sex Female | Color or Race White | | Birth-place Maryland | | |
| | | Occupation House work | Where Residing if not at place of death Demming, Md. | | | | |
| | | Married, Single or Widowed Married | Name of Wife Husband Joseph J. Steen | | | | |
| | | Father's Name Unknown | Father's Birthplace Unknown | | | | |
| | | Mother's Maiden Name Unknown | Mother's Birthplace Unknown | | | | |
| | | Name of person giving information Joseph J. Steen | | How related to deceased Husband | | | |
| | | CAUSES OF DEATH | | (178) | | | |
| PHYSICIAN OR CORONER | | Primary Sudden death: encephal. | | How long Patient died | | | |
| | | Immediate Heart Failure | | How long Suddenly - no | | | |
| | | Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician G. H. Brown | | History unsatisfactory. No diagnosis possible except but cause of death - | |
| | | Address No | | Address G. H. Brown, M.D. was a natural one - Dist. N.O. | | | |
| | | Accident or Suicide? No | | | | | |

1 Bethel.

Name
in
Full

Rebecca Sterner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

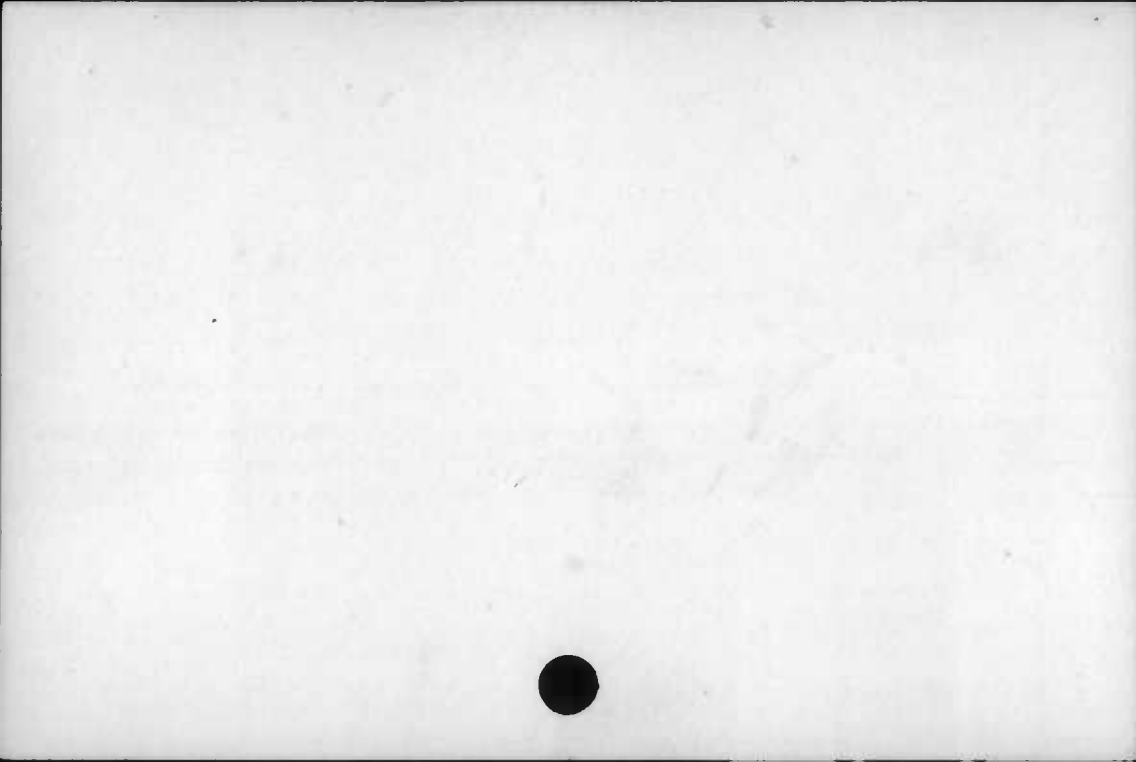
| | | | | | |
|---|----------------|---|-------------------|-------------|----------|
| Died at ^{Town} 6 th dist. | | ^{County} Carroll | | MARYLAND | |
| Date of death | 1909 | Month | 1 | Day | 27 |
| Age | 69 | Years | 9 | Months | 20 |
| Sex | Female | Color or Race | white | Birth-place | Maryland |
| Occupation | housekeeping | Where Residing if not at place of death | Residence | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Edward H. Sterner | | |
| Father's Name | Henry Wilson | Father's Birthplace | unknown | | |
| Mother's Maiden Name | Susan Heiser | Mother's Birthplace | Maryland | | |
| Name of person giving information | Milton Sterner | How related to deceased | son | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | | | |
|--|-----------|------------------------|-----------------|
| Primary | Pneumonia | How long | 3 das |
| Immediate | " | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | John S. Ziegler |
| | | Address | Melrose |
| | | | Md. |
| Accident or Suicide? | | | |



Name
in
Full

Mary Ann Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Foushville ^{County} Barroce

Date of death 1909 ^{Month} 1 ^{Day} 2 ^{Age} 70 ^{Years} ^{Months} 2 ^{Days} 15

Sex Female Color or Race White Birth-place Carrollton, Md

Occupation Housewife Where Residing if not at place of death Same

~~Married, Single~~ Widowed Name of Wife or Husband George Taylor

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Rebecca Brandt. How related to deceased Grandchild

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Gripe & Pneumonia How long 4 da

Immediate Heart Failure How long 10 hrs

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Edgar M. Bush M. D.

Address Hampstead, Md

Accident or Suicide? X



Name
in
Full

David Vernon Trofelle -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|----------------------------------|--|-----------------|---------------|
| Died at ^{md.} <i>Detour</i> Town | | <i>Darroc</i> County | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>Jan</i> | Day <i>25</i> | Age <i>—</i> | Months <i>7</i> | Days <i>1</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place ^{md.} <i>Detour, Md.</i> | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Sister Trofelle</i> | | | Father's Birthplace <i>Frederick Co., Md.</i> | | |
| Mother's Maiden Name <i>Lorna Fay</i> | | | Mother's Birthplace <i>Pocahontas, Md.</i> | | |
| Name of person giving information <i>Sister Trofelle</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Broncho-pneumonia</i> | How long <i>31 Hours</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>C. W. Nielsen</i> |
| | Address <i>Detour, Maryland</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

Hellen. Waltman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} Near Mayberry ^{County} Carroll MARYLAND

Date of death 1909 ^{Month} Jan ^{Day} 16 Age ^{Years} 84 ^{Months} 10 ^{Days} 19

Sex Female Color or Race White Birth-place Carroll Co Md

Occupation Housewife Where Residing if not at place of death

~~Maiden, Single~~ Widowed Name of ~~Widow~~ Husband John E Waltman

Father's Name Peter Kesson Father's Birthplace Ind

Mother's Maiden Name Hannah Shank Mother's Birthplace unknown

Name of person giving Information James Quigley How related to deceased Son-in-law

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Cerebral hemorrhage How long 4 mos

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Le Birnie M.D.

Sunny Tower

Accident or Suicide?

Brick Church
Near Wakefield

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|----------------------------|-------------------------|------------------------------|--|----------------------------|---------------------|---------------------|
| Died at | | Town <i>Lineboro</i> | | County <i>Carroll</i> | | MARYLAND | |
| Date of death | 1909 | Month <i>Jan.</i> | Day <i>5th</i> | Age <i>65</i> | Years | Months <i>6</i> | Days <i>18</i> |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth- place | <i>Lineboro Md.</i> |
| Occupation | <i>Farmer.</i> | | | Where Residing if not at place of death | | <i>Lineboro Md.</i> | |
| Married, Single or Widowed | <i>Widowed</i> | | Name of Wife or Husband | | <i>Isaacson Hoffacker.</i> | | |
| Father's Name | <i>Jesse Wertz.</i> | | | | Father's Birthplace | <i>Lineboro Md.</i> | |
| Mother's Maiden Name | <i>Elizabeth Linebaugh</i> | | | | Mother's Birthplace | <i>Lineboro Md.</i> | |
| Name of person giving Information | <i>Wm. Wertz.</i> | | | | How related to deceased | <i>Son.</i> | |

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------------|---------------------------|---------------------|
| Primary | <i>Hepatic Cirrhosis</i> | How long | <i>5 yrs</i> |
| Immediate | <i>Jaundice</i> | How long | <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>Howard Wertz</i> |
| | | Address | <i>Lineboro Md.</i> |
| Accident or Suicide? | | | |

